

PSYCHOTHERAPEUTIC DYNAMICS IN AFRICAN BEWITCHED PATIENTS:  
TOWARD A MULTIDIMENSIONAL THERAPY IN SOCIAL PSYCHIATRY

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Jean Masamba

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## DISSERTATION ABSTRACT

Bewitchment, frequently referred to as Kindoki in this study, is commonly used by African patients or by their close relatives in diagnosing major illnesses or misfortune. Kindoki is looked at in three main levels of interpretations: (1) awareness level of the effect of a threatening power on the individual patient as perceived and sensed by him or by his kinsmen, taking into account religious beliefs, psychological dynamics and parapsychic phenomena; (2) at the level of cultural symbolism, a traditional methodological diagnosis, searching for the answer to the cause of illness or misfortune; (3) at the inter psychic level, a symptomatic representation of inner psychic conflicts, taking into account the ethical dimensions in individual responsibility and group concept of guilt, and the psychological dynamics of fear, imagination, suggestion.

The purpose of this study was to discover, with clinical approach, major variables in Kindoki as a diagnosis in African understanding of illness and psychotherapy. Religion, psychopathology, social interaction, cultural symbolism, parapsychology, psychophysiology are found to be major components in Kindoki, thus providing a multidimensional context in which Kindoki should be understood.

Taking into account these variables, Multidimensional Psychotherapy elaborates a model of diagnosis which is analytical and a model of treatment which is synthetic in the therapeutic dynamics of

bewitched patients.

The research took place between 1966 and 1970 when the author was teaching at the Theological College of Kinshasa. His main source of investigation was among the Bakongo and a few non-Bakongo patients in the Lower province of Zaire and Kinshasa. The first part of the investigation came out of practical psychotherapy the author had with patients individually and in clan-group palaver therapy. Seven hundred and five patients were under long or short-term psychotherapy. An opinion survey of older people, secondary school, nursing, university and theological students; interviews with traditional and prophet-healers; a brief study of African beliefs, cosmological formulations and therapeutic dynamics of traditional African religions; observations and analysis of two traditional healers clinics and one prophet's healing sessions, and traditional clanic palaver and mourning sessions were other sources of material in the therapeutic dynamics of African bewitched patients and African psychotherapeutic dynamics.

In the effort to formulate principles of Global Psychotherapy,<sup>1</sup> the notion of Self as it appears to be articulated by the

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<sup>1</sup>The author uses Multidimensional Therapy and Global Therapy interchangeably. The term Global Therapy is defined not as a worldwide therapeutic model. It is but rather as a comprehensive approach in understanding the multiple factors contributing to beliefs in bewitchment thus making the patient to be aware of these dynamics so that he can cope with his pathology and challenging witchcraft-ridden cultures to face multidimensional aspects of social pathologies contributing to cultural as well as personal delusions.



bewitched patient, was taken into consideration and analysed in the psychological context not of search for self-identity, but of need for self-affirmation and search for security.

While affirming the values and integrating the therapeutic dynamics of traditional psychotherapies, an attempt to incorporate Christian principles of love in the context of self as a balance between individuality and community, the Christian concept of community as a healing agent, and the Biblical experience of God, and a critical evaluation of socio-cultural pathologies reinforcing beliefs in Kindoki, added other dimensions to the formulation of Global Psychotherapy.

*This dissertation, written by*

Jean Masamba

*under the direction of his Faculty Committee,  
and approved by its members, has been presented  
to and accepted by the Faculty of the School of  
Theology at Claremont in partial fulfillment of the  
requirements for the degree of*

**DOCTOR OF THEOLOGY**

*Faculty Committee*

Frank H. Zimmer  
Chairman

Howard Chiswell

Egambito Dalizu

Date June 7, 1972

J. Thomas Foster

In memory of my uncle Etienne Bakisa who died in January 1971 at approximately the age of one hundred years. He has become my first immediate ancestor.

Also dedicated to Aaron and Suzanne Miyulu and Father Jan Notenboom whose support and friendship have sustained me therapeutically during these last years.

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## CHAPTER I

## AN INTRODUCTION

Cross-cultural psychiatry, social psychiatry, cultural anthropology and medical sociology are some of the recently developed fields in social sciences which have been making considerable contribution to psychiatry. This interest is due to the search for new models in healing, dictated by the discovery of the dynamics of social behaviors, human interactions and beliefs in mental health and healing processes. Thus, recent studies and models of psychotherapy have been attempting to bring sociology and cultural beliefs into the art of healing.

Such an attempt is not easy as each author confronts not only the people he is to study and cure, but also his own perceptions of the people and his projections on them. Even though often complementary, conflicting definitions of concepts such as culture and social psychiatry, are evidence of the complexity of finding a method of psychotherapy. Let us take social psychiatry as an illustration.

Social psychiatry is defined by some psychotherapists as the study of remedies and means by which a given society fights against mental illness. Viewed this way, psychoses and neuroses are seen as social problems.<sup>1</sup> In its value system elaboration and social demands,

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<sup>1</sup>E. M. Gruenberg, and S. Bellin, "The Impact of Mental Disease on Society", in A. H. Leighton, J. Clauser and R. N. Wilson (eds.) Explorations of Social Psychiatry (New York: Basic Books, 1957).

society (and its sub-social units: family, school, community) is seen as the main contributor to mental illness. This understanding of social psychiatry develops therapeutic methods that deals with social pathology.

Maxwell Jones sees social psychiatry as study of methods of treatment by means of community interactions, by re-adjustment of human interactions, by the socialization of those who are alienated, by the establishment of group therapy. Methods of psychodrama and group dynamics are integrated into psychiatry.<sup>2</sup>

For Jones "social psychiatry...includes all the social, psychological, anthropological, educational, theological, philosophical, and research factors that may modify psychiatric practice and society in the direction of increased mental health..<sup>3</sup> He also hopes "that psychiatry can survive in its field by paying a modest but important role, along with the behavioral scientists, educationalists and, above all, the people ultimately concerned -- patients, their relatives, and society at large."<sup>4</sup>

Even though the above two approaches to the definition and

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<sup>2</sup>Maxwell Jones, Social Psychiatry (London: Tavistock, 1952).

<sup>3</sup>Maxwell Jones, Beyond the Therapeutic Community (New Haven: Yale University Press, 1969), p. 134.

<sup>4</sup>Ibid., p. 143.

purpose of social psychiatry are different, social factors are seen by Gruenberg, Bellin and Jones as greatly contributing to the etiology of mental illness. On the basis of this common assumption this study of bewitchment coincides with studies already made by many anthropologists, social psychiatrists, and sociologists in Africa.<sup>5</sup> All these studies point to the fact that man is part of his society and his personality development is not only hereditary, but it is also the result of the response of the organism to his environment which comprises above all, human interactions and beliefs. Man is seen not merely as "a creature of biology and physiology responsive to overtones of psychological existence, but also as a social and cultural animal."<sup>6</sup> When dealing with any pathological behavior, the dimension of human behavior has to be taken into account, so that sociology and culture which play a significant part in personality development can also become part of the dynamics of psychiatry.

#### The Purpose of the Study

Developing therapeutic principles for understanding the treatment of bewitched patients is the main aim of this study. Principles which constitute a Multidimensional Therapy, developed in

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<sup>5</sup>Working views on witchcraft and sorcery will be discussed in Chapter III.

<sup>6</sup>Marvin K. Opler, Culture and Social Psychiatry (New York: Atherton Press, 1967), p. 195.

this study, especially in Chapter VI, are formulations which may serve as working techniques in the healing of African bewitched patients. These formulations are temporary. They may change in a few years as the bewitched patient and his world are better understood. The fear of errors and personal misinterpretations of bewitchment is minimal as the author is only beginning the long journey taken by many others, searching, in the reality which is still mysterious and unknown, therapeutic techniques.

The theoretical formulation of Multidimensional Therapy has been dictated by an urgent need to equip the African therapist and the Church community to cope with bewitched patients. Therapy in the church and outside the church is only at its beginning. There are few Africans who are in the process of developing therapeutic methods applicable to African patients suffering primarily from emotional disturbance. The University of Dakar seems to be the leading secular institution seeking to explore possibilities of therapy for African patients. The University of Dakar's publication "La Psychopathologie Africaine" is a major contribution to creating an awareness of such a possibility. While medical science needs to be enriched by a global therapy model for the treatment and healing of bewitched patients, the Christian community needs to be guided in the formulation of a dynamic objective in the whole process of salvation. Salvation is a here and now concept of bringing fullness of life. What Professor Mbiti says about a lasting conversion of the African to Christianity or to Islam could be said also about the church as a healing community:

Since traditional religions occupy the whole person and the whole of his life, conversion to new religions like Christianity and Islam must embrace his language, thought pattern, fears, social relationships, attitudes and philosophical disposition, if that conversion is to make a lasting impact upon the individual and his community.<sup>7</sup>

Channels for the discharge of emotions and anxieties existed in traditional Africa. This means that man was considered in his total humanness. Channels dealing with the treatment of man were institutionalized through rituals touching every aspect of man's life, beginning from his conception, his birth, his life, his death and continuing even in his after-life. These institutions were a safeguard against the development of chronic neurotic disorders in traditional societies. Are there possibilities within today's societies, within the Church and even the hospital, to create or continue to help the individual to use the group in dealing with his guilt, his emotions, his psychosis? Is the rise of messianic, prophetic and healing movements, which put emphasis on dance, ritual, confession and therapy at the center of their activities, an indication that something is missing in the hospital and the Church? Is salvation not a process of earthly restoration of man's health. Salvation means health, wholeness; "it can be applied to every act of healing: to the healing of sickness, of demonic possession, and of servitude to sin and to the ultimate power of death."<sup>8</sup>

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<sup>7</sup>John S. Mbiti, African Religions and Philosophy (New York: Praeger, 1970), p. 3.

<sup>8</sup>Paul Tillich, Systematic Theology (Chicago: University of Chicago Press, 1967), I, p. 146.

Traditional African societies were not a paradise. They contained tensions, and bewitchment is a clear example of social tensions. But they provided agencies and therapies that dealt with everyday tensions for the healing of persons. Some individuals were never completely healed, but they did achieve a functional existence as they saw themselves confronted, accepted and helped as human beings.

The Africa of the past co-exists emotionally if not intellectually with the Twentieth century Africa with its technology, Islam and Christian religions, its Western logical thinking, educational institutions and materialistic ways of life. Yet, even the most sophisticated African mind usually becomes the battlefield between ancient beliefs and modern rationality.

#### The Focus of this Study

This is not an anthropological treatise, a sociological study, or a study of mental illness in Africa. Even though anthropology, sociology, African religions and psychiatry are used to support the study, the main focus is an attempt to develop a practical model of therapy for the bewitched patient.

Two main reasons arouse interest in the bewitched patient. First, the Western social scientists who have been fascinated by the African witch have not offered valuable practical psychotherapeutic techniques in dealing either with the patient who claims to be under bewitchment or with the witch.

Anyone who is involved in a helping profession in Africa encounters the bewitched on the street, in the hospital, the

dispensary, the Church, almost every day. He is sick and he is seeking treatment.

The second reason for focusing this study on the bewitched and not on the sorcerer or Ndoki<sup>9</sup> is that it is easier to understand the socio-psychic worlds of the bewitched than those of the witch. Very few witches are to be found among the Ba-Kongo. And these few Ndoki would not communicate and share with outsiders the secrets of their society. Most Ndoki would have revealed their secrets only if the outsider would agree to be initiated into the society after paying the entrance fees which involves the death of a significant member of the family.

Therefore, witchcraft and sorcery are seen as a secret psycho-religious phenomenon about which the author has very little information. This lack of information prevents dealing adequately with the Ndoki. G. Marwick finds in his studies that the accuser in any sorcery drama is of great sociological importance. He thinks that

the relationship between sorcerer and victim is an imagery one, that between accuser and sorcerer is a real, observable one, and so for that matter, is the affirmative relationship between accuser and victim. Sorcerer-victim relationships may thus be regarded as representing people's estimates of interpersonal tensions; and accuser-sorcerer relationships, as actual expressions of them.<sup>10</sup>

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<sup>9</sup>Ndoki is the designation of the sorcerer by the Ba-Kongo of Lower Zaire and I will be using this term more often than the term sorcerer. Kindoki and bewitchment will be used interchangeably with the definition given on pages 11-12.

<sup>10</sup>M. G. Marwick, Sorcery in its Social Setting (London: Manchester University Press, 1965), p. 105.



Many of the treatment places which were visited were run by prophets and healers. When at the healing centers, especially the Ngiri-Ngiri Center of Prophet Mampuya Mpasu, patients observed and interviewed later came for therapy. The common complaints for which they sought protection were connected with the fear or the reality of bewitchment. There was not a single day that the following requests were not made by patients: protection against bewitchment, cure from illness, prosperity, birth of children and interpretation of unusual deaths of children, protection against miscarriage due to bewitchment, protection of children against witches.

It is, therefore, imperative to understand the psychology behind bewitchment if a dynamic interaction between the patient and the healing professional is to be anticipated.

The declaration of bewitchment is an indication not only of the patient's possible physical and psychic disorders; it is an indication of a possible awareness of a disequilibrium brought in his relational, personal and ethical world which needs to be explored in connection to the world he shares with his relatives and other significant persons.

The negative attitudes of colonial governments, Western medical services and Christian Churches toward the bewitched person have prevented the development of a global and dynamic therapy for the treatment and healing of the bewitched. There has been a lack of incorporation of social elements into the healing and redemptive institutions. This has created a mechanical medical professionalism that deals with things and not with people who are seeking health.

"Most colonial powers, and even missionaries, have dealt with the problem of witchcraft very ineffectively. The denial of a psychological basis for witchcraft has resulted in a superficial verbal attack on the evils of sorcery."<sup>11</sup>

Franz Fanon, working as a psychiatrist in North Africa, tried to integrate the Moslems into European therapy. He encountered failures which forced him to restructure therapy around Moslem social environment and psychology. Peter Geisner describes Fanon's work in these terms:

Sometimes after he completed his basic reforms within the hospital --freeing the patients from burdensome institutional regulations; dividing his pavillions into smaller living and working groups... the doctor noticed that the discharge rate of Europeans was much greater than that of Moslems. Moreover the Moslem men were beginning to try to avoid work therapy sessions; they had little interest in group activities; they didn't care about movies or entertainment. Fanon and his colleagues set up carefully planned meetings with the Moslems to try to ascertain their grievances against the new programs...The meetings, in fact all therapy, were greeted with hostility or indifference. The whole program was becoming less and less successful within the Moslem wards...The group meetings, as well as the therapy, became in Fanon's own words, 'only an empty ceremony, absurd, and after thinking about the matter we decided to suspend them.'

...It became clear to Fanon that his egalitarian attitude toward the patients was not correct: What he had been doing, in reality, was to impose European solutions on Moslem problems. He had been treating the Algerians as though they were French--carrying the effect of the French colonial policy of 'assimilation.'

...Fanon returned to the structuralist approach of his older teacher Tosquelles; this meant, in effect, trying to recreate the Moslem personality with Moslem society.<sup>12</sup>

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<sup>11</sup>Opler, op. cit., p. 329.

<sup>12</sup>Peter Geisman, Fanon (New York: Dial Press, 1971), pp. 84-86.

To consider healing as a total experience of soul and body; to discover the main variables that are perceived as playing an influence on the patient and causing illness; to attempt to develop a global therapy for the treatment not only of the bewitched, but also for the treatment and growth of the community of the patient, are the main purposes of this study.

Healing is a global or multidimensional phenomenon.<sup>13</sup> It does not deal with the absence of illness, but rather with the bringing of medication and psychoreligious dynamics into the process of the community discovering in everyday experience what it really means to be human. Multidimensional Therapy, which is going to be defined later on, is a new approach of experiencing healing, wholeness, integration, salvation in the multi-dimensional levels of human interaction with his psychological, physical, ethical, parapsychic realities.

#### Definition of Bewitchment or Kindoki

While witchcraft and sorcery are viewed as the power of an outside agent on the individual, in this study Kindoki (bewitchment) is defined as: (a) an awareness of the effect of a threatening power

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<sup>13</sup> Multidimensional Therapy and Global Therapy will be used interchangeably in this study. The term global therapy is defined not as a worldwide therapeutic model but rather as a comprehensive, multi-dimensional approach to understanding, helping the bewitched patient to cope with his pathology, and challenging witchcraft-ridden societies to face the different levels of their socio-cultural pathologies.

of influence on the individual patient as it is perceived, sensed, and experienced by him; (b) a traditional methodological diagnosis, searching for the answer to the cause of illness or misfortune, taking into account interpersonal interactions and personal contacts with the environment; (c) a symbolic representation of inner psychic conflicts and socio-cultural pathologies rather than an empirically valid representation of external world power of influence on the individual patient.

Kindoki appears, at times, as a unitary phenomenon, embracing the three variables mentioned in the definition, and/or even more. Global Therapy attempts, in diagnosis, to adopt an analytical approach, and in treatment, a psychosynthetic approach, in order to represent the wholeness not only on Kindoki as a system of thought, but also to facilitate the possibility of global healing of the bewitched. Fragmentation of Kindoki into possible different components only serve the purpose of looking at the complexity of bewitchment in order to formulate a theory of treatment.

Kindoki represents an illness, whether in the realm of the psychological, ethical, biological, parapsychological, or social pathology and it needs to be treated as such as it is experienced by the patient in his existential human experience, trying to find through the experience, the deeper meaning of his life. Kindoki is an awareness, a sensation within the boundary lines of experience of the unbalance of normality of living experience.

### Research Procedure

Much of this study involves interpretation of information collected on the field, and in a therapy practice in Zaire from July 1966 to August 1970. There is little objectivity in this study as a clinical approach to therapy was taken as opposed to an experimental approach. This is to the disbelief that there is such a thing called pure objectivity in social science. What will be discussed as African cosmology may not amount to anything more than the author's awareness of life's realities and process of psychologizing, philosophizing, theologizing and perceiving counselees, in the way they projected their views of themselves in the world.

### Research Methodology

The main resources of this research were patients in intensive or short-term therapy. Most patients were encountered in hospitals, on trains, at the prophets worship places or at the traditional healers centers. Also, the traditional palaver groups gave the opportunity to the author to meet bewitched patients and their relatives. At these meetings he was not as a researcher, a teacher, a pastor, but as a concerned friend who, together with other significant people of the clan, sought the patient's health. Questioning and observation of patients and relatives, participating in the palaver therapy, helped achieve contact with the patient, his perceptions of the world and social interactions and conflicts at play in Kindoki beliefs. It also brought a greater awareness of the past universe which still remains unknown to man. Therapy helped

the author to understand some of the inner conflicts of the patient.

A questionnaire distributed to students and a very few educated people helped to check on some of the information therapy was providing. Prophet Mampuya Pesa and two healers, Joseph Ngabu and Mama Ndonga Nkento, whose clinics were visited and whose healing sessions were attended augmented the author's understanding of bewitchment and traditional psychotherapy. The first day the prophet and the traditional healers were approached, there was suspicion on their part. But the importance of incorporating traditional psychotherapeutic dynamics in the modern healing processes and in school psychology departments was explained and they were willing to contribute to the formulation of Global Psychotherapy in letting the author observe them and interact with their patients.

## CHAPTER II

BELIEFS, PSYCHOPATHOLOGY AND PSYCHOTHERAPEUTIC  
DYNAMICS IN THE AFRICAN COSMOLOGY

## I. THE DYNAMICS OF BELIEFS

Anyone in Africa who is involved in a healing profession, be he doctor, nurse, pastor, therapist, prophet or N'ganga (the healer) soon discovers the place of traditional beliefs in the interpretations of events of life, such as success, misfortune, illness and death. That is why most African cultures used to have elaborate moral codes whose observance guaranteed the good health of the individual as well as of the community. Misfortunes and psychopathology were the results of personal and/or collective, direct and/or indirect misbehavior.

Cultural beliefs represent a set of categories of experiences, with fixed cognitive referents, accepted by members of the community. But when a particular personal experience is defined in terms of a cultural belief, the popular (cultural) interpretation is but a shadow of the true self. The patient's cultural beliefs, which he uses to clarify his experience, reveal a great deal of his inner world. A cultural belief is therefore not static but dynamic, it is not only a reflection of the personality of the society, but presents also possibilities of the perceptions, images, inner conflicts of the individual. A belief is used as an explanation, a response to an inner state of being. A belief becomes a means of elaborating a theory of interpretation of everyday experience, be it a common or a personal

experience. Recent studies of African cosmologies suggest, for example, that the "gods" of a given culture form a scheme which is an interpretation of the diversity of everyday experience.<sup>1</sup>

In a study of a group of Nigerian students who broke down during their course of university study in England, Dr. T. A. Lambo reports that in 1957 in more than 90% of the patients, their symptoms offered clear-cut evidence of African traditional beliefs in sorcery and machinations of the enemy.<sup>2</sup> When a particular belief is used as an explanation of a personal problem, it becomes a symbol representing not only the reality of the external world as perceived by the patient but also his internal psychic world that needs to be satisfied. When this inner world of needs is not adequately satisfied, the individual responds with some kind of pathological behavior.

The use of a belief is one weapon the individual possesses in order to try to restore the meaning of his life which is in danger. The therapist's attitude toward the patient's usage of traditional beliefs to explain illness or misfortune, can influence the course of healing. To ignore, to find invalid the patient's interpretation is to deny not only the influence of the culture upon the development of personality of the individual, but also to deny

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<sup>1</sup>John Middleton, Lugboro Religion (London: 1960); Godfrey Lienhardt, Divinity and Experience (Oxford: Clarendon Press, 1961).

<sup>2</sup>T. Adeoye Lambo, "Patterns of Psychiatric Care in Developing African Countries," in Ari Kiev (ed.) Magic, Faith and Healing (New York: Free Press, 1964), p. 444.



the patient's own existence. Any meaningful therapeutic relationship that can bring some change of cosmic and self-perception can only be possible when the belief evoked by the patient is recognized as a possible shadow of his inner world. Positive healing takes place when the patient's perceptive world is recognized as being real in his personal experience and when an accepting relationship is established by the therapist. This relationship should not prevent possible future confrontational relationships. Both levels of encounter are necessary for personality change and growth.

Psychopathological behavior is therefore a response that the individual gives to his problem. Using the Western Psychiatric classification, the psychic individual uses four main types of psychopathological responses: the neurotic, psychotic, psychopathic and psychosomatic responses. Briefly:

(a) A neurotic individual is one who has worries, tensions, excessive fears and forgetting, obsessive thoughts, compulsive rituals, continual depression and fatigue. The neurotic's performances are influenced by anxiety or self-defeating behavior. He is unable to put his thought process into a positive way of solving his every day problems and denies himself any gratification because he is afraid of consequences that may result.

(b) A psychotic suffers hallucinations (because he is not able to see reality), delusions (because he has difficulty interpreting reality). He cannot find logical connections between his thoughts. His mood can change from one minute to the other. His interaction with other people is unhealthy as he finds it difficult to socialize because

of his being afraid of others.

(c) A psychopath is an asocial and antisocial person. He manifests it in his conduct disorder, such as in excessive drinking, bizzare sexual behavior, absence of guilt or shame. He not only lacks warmth and feeling for his fellow human beings, but treats them as objects. He demands immediate gratification of each impulse he has. He has no intention of learning from the experience. He is unable to extend self-interest beyond the self, thus behaving like a little child.

(d) A psychosomatic is one whose symptoms are medical, involving organic systems of the body, which are however completely associated with psychological variables. Thus, a psychosomatic is one with

A bodily disorder whose nature can be appreciated only when emotional disturbances, that is, psychological happenings are investigated in addition to physical disturbances, that is, somatic happenings.<sup>3</sup>

Some forms of response of deviated personality are also found in the African societies. But to simply apply these already-defined Western psychiatric syndromes to an African patient without understanding his inner and outer worlds only contributes to his illness. A bewitched person will always be looking for the enemies who are the cause of his illness, not necessarily because he is a paranoid schizophrenic suffering from inferiority or a persecution

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<sup>3</sup>J. L. Halliday, Psychosocial Medicine (New York: Norton, 1948), p. 45.

complex, but because he is also interpreting his illness in terms of a socially-accepted norm of interpretation, even if the symbol used is a sign of cultural and social pathologies.

The meaning of any evoked belief can be discovered when there is a dynamic interaction between the experiencing self, his object (or his state of being, such as illness, misfortune, etc.), and the therapist.

Also it is easy in the Western world to argue that psychological tensions are usually the cause of physiological disorders of various kinds. The results of the Nigerian psychiatric experiment shed no light on which of the two comes first. The physical or the psychiatric disturbance alone can bring about the presence of psychosomatic symptoms.<sup>4</sup>

Any personality response (or behavior) is used by an individual to affirm his self-ness and to seek that others affirm his self-ness. Any manner by which the individual responds to the world around him is a means by which he seeks to affirm his self-ness and protect his own security.

Take for example the problem of the diagnosis of diseases in African traditional thought. The causal approach used by traditional healers may be seen as unscientific because it does not usually take into account the microbiological explanation. Throughout Africa sickness and affliction are usually interpreted

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<sup>4</sup>A. H. Leighton, et. al., Psychiatric Disorder Among the Yoruba (Ithaca: Cornell University Press, 1963), especially Chapter VII.

by people and diviners as an interplay of unhappy gods or spiritual agencies invading the lives of men. And therapy usually involves the propitiation of these beings. It is also remarked that the Nganga does not stop at the outside agencies in his explanation. He also finds the cause of illness or affliction caused by human relations arousing hatred, jealousy, misdeeds, which might have brought the gods into play. Victor Turner in his studies of the Ndembu society has caught the reality of the African thought pattern which defines a belief in its spiritual, religious, medical and socio-ethical dimensions. The Ndembu Nganga is a social analyst, a religio-socio-psychotherapist because he believes that the patient's healing will not materialize until all the tensions and aggressiveness in the group interrelations have been brought to light and have been included in the ritual treatment.<sup>5</sup> This understanding of disease and health is characteristic of the African thought pattern.<sup>6</sup> This points to the fact that the African search for an explanation to his problems is mainly anthropocentric in character and less microbiological.

## II. THE AFRICAN AND THE COSMOS

The world of the African, which is the medium in which the interplay of forces is at the root of man's health, illness and death

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<sup>5</sup>Victor W. Turner, The Drums of Affliction (New York: Oxford University Press, 1968).

<sup>6</sup>Marx Gluckman, Politics, Law, and Ritual in Tribal Society (Oxford: Blackwell, 1965).

contains material and non-material components; it has dynamic beings, the living and the dead; space and time are unlimited; its past is always present and can influence the events of the day.

It should be noted that the characteristics of the African world are but generalizations which may not present themselves exactly in all African cultures as they are presented in this study. The Kongo culture is the basis for this investigation. However, these conceptions are common beliefs in major African cultures which may have different nuances in each society. Let us briefly analyze some of the characteristics of the African world.

#### A. The World and Human Experience

The world is defined not in terms of what it is not, that which man dreams will happen. The world is what it is, what it contains, that which man can feel and sense, see and observe, call upon and live with. That which is unknown is out of consideration as being part of the world. It may become part of the world when it comes into being. The only part of the world that exists for the African and to which he has not yet been is the world of the dead. It is part of his world because the ancestors are not only the extension of himself by blood and soil, but because he can relate to them and they can relate to him. That world is existent because of the close affinity existing between the ancestors and the living. To speak of the end of the world is absurd to the African.<sup>7</sup> The

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<sup>7</sup> John Mbiti, "L'Eschatologie" in Pour une Theologie Africaine (Yaounde: CLE, 1969), pp. 219-253.

world has existed and it is still existing. It is always in the state of being. Its existence is what interests the African. As it is in the state of continuity, man is called to participate in it.

The world is therefore composed of that with which man can have an experience, a relationship. As the world is infinite, unlimited, the possibilities of experiences and relationships of man with the world are infinite and unlimited.

The world is a place to live; it is the only place the African knows where he can have a meaningful existence because he is in touch with it. In it he knows sadness and joy, light and darkness, ugliness and beauty, acceptance and rejection, love and hate, life and death. The world always has things that run in pairs. There is not one without the other. The world presents to man all the possibilities to invite one of its attributes because the universe is always ready to present itself to man in the way he wants to receive it. The world always has opposite attributes such as life and death, light and darkness, crying and laughter. These opposing attributes of the world are not in contradiction to each other. They represent the true image of the world. The world cannot exist without this duality, because it has always existed this way. This tension is what makes the world meaningful. The person experiencing the duality of the world is aware of the fact that he does not always have a total victory. When he talks of laughter, this does not mean that crying has been destroyed. When he experiences joy and talks of joy, it does not mean that sadness has been destroyed. When he is in good health, illness also has its existence. A healthy attitude is

portrayed in man's acceptance of the existence of duality in the world. Acceptance of the reality of duality presents the opportunity to turn to positive attitudes.

Man may dream for the best; but he does not need to be crushed by that which threatens his existence. Each attribute of the world is part of the world, yet separate from it. Each attribute of the world is conceived as a force existing in the world which could be transmitted to man if he wills it, calls upon it, manipulates certain objects possessing life-force which is the medium of health and protection.

B. The World: A Thou Relationship

The world is never impersonal. It is dynamic and living. Each component of the world can be personalized, because it is a force, immaterial perhaps as it appears to man, but it is also material it can talk, walk, protect, harm or heal. The impersonal and inanimate world does not exist for the African. Thus, he does not personify inanimate phenomena nor does he fill an empty world with ghosts of the dead, as animism would have us believe.<sup>8</sup>

Amos Tutuola in his novel gives illustrations to the point. When Tutuola and his wife were rejected by people at the king's residence, they were able to use one of the sources of the world. Here is what he says:

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<sup>8</sup>H. and H. A. Frankfort (eds.) "Myth and Reality" in their Before Philosophy (Baltimore: Penguin, 1966), p. 15.

As me and my wife did not talk a single word by that time, they thought that we were unable to talk, then their king gave one of them a sharp stick to stab us, perhaps we might talk or feel pain; he did as their king told him to do. So as he mercilessly stabbed us with that stick, we felt pain and talked out, but at the same time that the whole of them heard our voice, they laughed at us as bombs exploded, and we knew 'laugh' personally on that night, because as every one of them stopped laughing at us, 'laugh' did not stop for two hours. As 'laugh' was laughing at us on that night, my wife and myself forgot our pains and laughed with him, because he was laughing with curious voices that we never heard before in our life. We did not know the time we fell into his laugh, but we were only laughing at 'laugh's' laugh...<sup>9</sup>

Tutuola's novel is full of illustrations that point to the reality of the independent existence of the world's attributes. On his journey with his wife, he reports the incident when he sold his "FEAR" and his "DEATH" to people. When they were about to leave the home of the faithful mother who hosted them for one year and two weeks, he says:

We took our 'fear' back from the borrower and he paid us the last interest on it. Then we found the one who had bought our 'death' and told him to bring it, but he told us that he could not return it again, because he bought it for us and had paid for it already, so we left our 'death' for the buyer, so we took only our 'fear.'<sup>10</sup>

As they continued their trip with "fear" accompanying them, they entered Dead's Town, which was neither the abode of a human-being nor of a spirit. They were confused. But knowing that besides 'fear', the world also had 'courage,' Tutuola's wife said: "This is only fear for the heart but not dangerous to the heart."<sup>11</sup>

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<sup>9</sup>Amos Tutuola, The Palm-Wine Drinkard (New York: Grove Press, 1953), p. 45.

<sup>10</sup>Ibid., p. 71.

<sup>11</sup>Ibid., p. 73.



The world, to the African, is an extension of himself. It offers to man all the possibilities of life if man is willing to ask for that which is able to increase his vital force. Each attribute of the universe is to serve man if he calls upon it for help. H. and H. A. Frankfort say:

The world appears...neither inanimate nor empty but redundant with life; and life has individuality, in man and beast and plant, and in every phenomenon which confronts man - the thunderclap, the sudden shadow, the eerie and unknown clearing in the wood, the stone which suddenly hurts him when he stumbles while on a hunting trip. Any phenomenon may at any time face him not as 'It,' but as 'Thou.' In confrontation, 'Thou' reveals its individuality, its quality, its will. 'Thou' is not contemplated with intellectual detachment; it is experienced as life confronting life's involving every faculty of man in a reciprocal relationship.<sup>12</sup>

The world of the African is very anthropocentric. God exists because he also has created man and is in constant connection with man. The world of things has meaning, is personal and animate as a means of dynamic and continual connection between man and the creator.

There were moral codes which helped people to identify themselves with the attribute which was most beneficial to the community. There were, however, many people who preferred to do the opposite.

Hate, destruction, could be called upon by man to influence nature for the destruction of the forces of nature and human beings. It is believed that a man who is possessed by a malicious spirit can transform himself into an animal. This is the phenomenon known as

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<sup>12</sup>Frankfort, op. cit., p. 14.

lycanthropy. (When the earthly spirit of a corpse has materialized in the form of an animal, the phenomenon is known as vampirism.)

C. The World, Unlimited Energizing Possibilities

The world of the African is not limited either by time or by space. The universe is a vast domain. It has a beginning, its past is more or less known and its present is a reality. The world is a cloud of unlimited space. Even though each person possesses land which he inherited from the ancestors, the world is not limited to the boundaries of his territory or the parts of the universe with which he has come in contact.

The universe is a cloud of unlimited space which has existed since its creation by God. As space and time are unlimited, the events of the past, of his kinship, can have a bearing on the individual; distance does not prevent clansmen from communicating. There seems to be a magnetic field that surrounds the universe which can be used for communication. And man seems to have an extrasensory perception (ESP) that enables him to be in contact with the significant ones. There is a connection between significant human beings because they are always connected to each other by a force which maintains them together. People can exist beyond time and space. Thus, they have possibilities for communication. This affirms the universe of thoughts, ideas, sensitivity; the universe of that which is felt and is able to be converted into images and the universe of material reality are one.

H. H. Price believes that people are interconnected by the

collective subconscious, by a "field of interaction."<sup>13</sup> This is one of the attempts that has given rise to the modern studies of the psi-field, in connection with explaining parapsychological phenomena Milan Ryzl says:

These attempts to explain ESP seem most promising now. In them the original dualistic conception of matter and soul gradually loses the appearance of contradiction, and develops into a monistic conception of a uniform structure of the universe in which the 'material' and the 'spiritual' are components of the same reality.<sup>14</sup>

Time and space, material and spiritual attributes of the world are one entity in which man can go beyond the sphere of the physical world. He can even transcend his own physical body, his own realm of thought, and enter into the inner self of thought which is above and beyond himself, but which is available to him as an energizing power around the world of every man.

W. J. Ousby, tells of his experience of being stopped by fear-inducing chills which occurred after he was told by a so-called witch to keep away from the burial ground of African tribal chiefs. Ousby was unable to go to the mountain top where tribal chiefs were buried because of a strange experience he had in a famous house which he had to pass before going to the burial. When he entered the house, he felt like someone was watching him and even possessing his mind, in a friendly way telling him to abandon his adventure, his robbing

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<sup>13</sup> Milan Ryzl, Parapsychology (New York: Hawthorn, 1970), p. 188.

<sup>14</sup> Ibid.

and disturbing the peaceful spirits. The history of the house, which he learned after he gave up his plans, can help us to understand this atmosphere.

It appears that a mother and her only son, who were deeply devoted to each other, lived there alone. When the war came the son enlisted and, confident that it would not be long before he returned, he asked his mother to leave his room undisturbed until he returned. She promised that she would do so, but he never came back; he was killed in the Battle of Britain. After her son's death his mother locked his room, leaving it with his possessions strewn about and said that misfortune would come to anyone who disturbed it. Shortly afterward, she left the house empty...with her dead son's room untouched behind the locked door.<sup>15</sup>

To conclude his experience, Ousby goes on to say:

We know that particularly in times of danger, serious illness, and death, mind-to-mind contacts occur between people who are emotionally linked though there is no physical connection. After years of work on Yoga and other methods of meditation, self-hypnosis, and hypnotic healing (which is basically a projection of thought), I know that thought power can be generated and intensified by spending time in trance or meditation. Knowing that the witch doctor had gone into a trance explained much to me; I was sure that her thoughts had mingled with my own -- as surely as mine mingled with the thoughts of you who read these words.

If thoughts are highly charged emotionally, as is the case with powerful curses, it seems that the emotionalized energy can affect places involved. This, most likely, was the case with the house and the approaches to the burial grounds. The mother as well as legions of witch doctors and tribal elders had sought with curses, spells, and ill wishes to keep intruders away from their dead.

This saturation of certain places with emotionalized energy is undoubtedly the reason why these places have an unmistakable atmosphere, and why adepts like the witch doctor can use these 'energized surroundings' to amplify their own messages. It is reassuring to know that if there are places which are cursed, there are also helpful agencies to warn innocent trespassers, like the hotel keeper and myself, who might incur misfortunes through no fault of their own.<sup>16</sup>

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<sup>15</sup>W. J. Ousby, "The Warning Witch" in Martin Ebon (ed.) Witchcraft Today (Chicago: New American Library, 1971), pp. 127-128.

<sup>16</sup>Ibid., p. 129.

#### D. The World: A Complementary Duality

As the physical and spiritual attributes of the universe are interconnected, and are not destroyed by time and space, so are life and death. Life and death are inseparable. One completes the other.

Man is a living creature because, as Abbe Kagame points out, he has a biological life which he shares with the animal, and he has the spiritual life which distinguishes him from the animal. When he dies, his somato-spiritual life is transformed into another form which is yet similar to that of a human being. The dead can reappear to the living in their human body form. But what is important is the contact, and relationship the living can have with the departed. As long as the departed is remembered, and his name is called upon by the living, he is capable of intervening in the lives of his kinsmen. In some cases the spirit of the departed is imperishable. The living-dead person moves on beyond human memory and merges into the group of spirits that were once human beings. They participate in a universe of relationships.

Death is therefore not the cessation of life. It is the bridge that leads to another part of the world, that of the ancestors. It is only those who have lived a good life because of their ethical standards who can become the ancestors. The unethical persons, such as sorcerers, join the world of ghosts. These Mikuyu (as they are called by the Ba-Kongo) have fellowship neither with the ancestors, nor with God. There is, however, a possibility of their redemption

after their second death.<sup>17</sup> This is similar to the Roman Catholic doctrine of purgatory. The Kongo culture, however, does not state clearly how the second death will take place. Those who are not redeemed, become inanimate beings (trees, rocks) that might be harmful to human beings when they get into physical contacts with them.

Man cannot intend to take away his life in order to enter the world of the ancestors. If he commits suicide, he is violating the principle of life.

The living person has the innate wish to exist forever. But since death is inevitable, he prolongs his existence as a living person in his descendents... Thus everything is concentrated on the previous existence of the living, in whom the life that was transmitted to them from the ancestors is carried on.<sup>18</sup>

The world of the living is an important part of the world of man. To be successful in the world of the living is to also be successful in the world of the dead. Success is not measured by material possessions but rather by the quality of life. The passage between the world of the living and that of the dead is facilitated by natural death (Iufwa lwa Nzambi = death willed by God) or by unmerited death (Iufwa lwa bandoki = death willed by sorcerers).

Death prolongs life. Even though the dead do not live life as do the living, they, however, do exist. They communicate with the

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<sup>17</sup>R. Buana Kibongi, "La Prêtrise" in Pour une Théologie Africaine, p. 73.

<sup>18</sup>Janheinz Jahn, Muntu (New York: Grove Press, 1961), p. 109.

living persons of the clan. They serve as intermediaries between the living and God. They intervene in most major events of their kinsmen, such as in times of birth, marriage, death, disputes, problems of land. Whenever there is a problem that living human beings are unable to solve, the dead are consulted.

This explains to a great extent, the reason why African respect for the departed is so great and the cult connected with the living-dead is so deeply rooted in African life and thought. In many societies the approach to God is regarded as a corporate act performed by the whole community of both the living and the departed.<sup>19</sup>

The belief in the existence of the ancestors in the world of the living presents to the therapist a weapon for a positive therapeutic approach to unsolved personal and group (clanic) tensions. The ancestors represent the positive attributes (powers) of the universe that man needs to get in touch with if he chooses to take the road toward a more healthy human existence. To be able to reach out beyond oneself is therapeutic. To prevent a human being from utilizing his abilities to transcend himself is only presenting to the person a partial possibility for healing and wholeness.

This reaching out, this process of uniting his threatened self to the higher and healthy self which is outside him can become a tremendous step toward self-realization. It provides not only the discovery of one's importance in the eyes of the higher Self, but it lifts him up to a source of energizing force that lies within himself.

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<sup>19</sup>Mbiti, op. cit., pp. 230-231.

The ancestors may become his ideal models who may free him from personal limitations, by presenting to him unlimited possibilities within himself. He is capable of realizing himself through the external ideal model of being, the ancestors who may become a true link, a point of connection between man and his higher Self which symbolizes the ancestors.

In 1969 studies of patients visiting Mama Ndona's traditional clinic in Lukala revealed that about 65% of her patients received treatment also at the Kimpese's Evangelical Medical Institute.<sup>20</sup> Among these patients about 50% seemed to have some obsessional delusions, being haunted by evil spirits.

Also in 1970 it was observed that many well-educated Congolese visited the prophet-healer's clinic in Kinshasa while receiving good medical care at the University Medical Clinic. One evening this author went to see Mampuya the prophet but was unable to see him because he had to go to the University Medical Clinic to visit the General Inspector of the National Army who believed that his illness was caused by others (sorcerers) who were jealous of his social position.

Dr. T. A. Lambo reports an incidence that can serve as an illustration.

In 1960, I described the case of an English University-trained West African patient who had been promoted to the Administrative Service, superseding quite a number of able West

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<sup>20</sup>Unless stated, statistics and case studies presented are the result of the author's research.



African contemporaries by virtue, it was alleged, of his high social positions and contacts. A few weeks after his promotion, he had an accident in unusual circumstances and became terrified that his colleagues were trying to get at him in a mysterious way.

During this period, his grandfather appeared in a dream, assured him of long life and asked that a goat be sacrificed. He bought a goat the following day, carried out his 'instruction' and quickly recovered from his severe anxiety state. Even though he did not want to discuss the matter, the patient conceded that he believed there was something in this 'native thing.'<sup>21</sup>

Lambo's patient had experienced what Maslow calls "a peak experience"<sup>22</sup> by reconciling himself with the dead through sacrifice and expiation. His "peak experience", this connection with the higher self, brought feelings of confidence and security. This catharsis helped him to affirm his real self by gratifying a need that was, for a long time, pushed back in a very ascetic way. He affirmed his identity as he identified not only his illness with a traditional belief - whatever wrong it may have been -- but also identified his misfortune with a traditional method of psychotherapy.<sup>23</sup> If the violation of a belief alienates the individual from the world of the significant members of his clan, the traditional method of therapy restores the individual, thus providing the patient with the vehicles for health and wholeness. It is thus necessary that the world of the patient (beliefs, cosmogony and personal life) be taken into consideration in establishing any treatment plan for his healing.

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<sup>21</sup>Lambo, op. cit., pp. 445-446.

<sup>22</sup>A. Maslow, Toward a Psychology of Being (Princeton: Van Nostrand, 1962), p. 114. Also see A. Maslow, The Farther Reaches of Human Nature (New York: Viking Press, 1971), pp. 169-179.

<sup>23</sup>In the fifth chapter we will discuss some limitations of the traditional psychotherapies.

In the cosmological attitudes of many bewitched patients there is a strong belief that life and death never destroy one another as they are both part of the ongoing process of existence and form thus two basic attributes of the world. When one is threatened by death, he can call upon life for the sustenance of his existence. They are both possibilities that can become realities to the living person when he wills them to become part of his experience.

#### E. The World Revealed in Mythology

Myths offer explanation of man's condition and reinforce the interpenetration of the past and the present. When a myth is told, men are retelling the story and events in which they were involved to the extent of the very existence of their ancestors with whom they share life and from whom they received and still receive life. The creative imagination of people was not imagination for the sake of creativity as an art, but rather a means of putting the truth in a poetic form of expression.

Joseph Campbell finds four functions that are used to influence the mythological thinking of any culture:

- (1) The mythological or metaphysical function of linking up regular waking consciousness with the vast mystery and wonder of the universe. Any part can be a symbol of the whole. For instance, for Dante, Beatrice's beauty leads to the realization of divine love as the moving power of the universe.
- (2) The cosmological function of presenting some intelligible image or picture of nature. In primitive cultures the relationship between man and woman is frequently seen as a mirror of nature: the universe is created as a union of Father Sky and Mother Earth.

- (3) The sociological function of validating and enforcing a specific social and moral order. . .
- (4) The psychological function of providing a marked pathway to carry the individual through the stages of life: dependency of childhood, the responsibility of adulthood, the wisdom of old age, and the ultimate crisis of death. Every culture has rites of passage and related myths that serve this need.<sup>24</sup>

In general there is nothing, no belief, that is old. The old is always new and the new is always old. Man is caught up in the eternity of life; that is, he is part of the old tradition, even when he is creating a new tradition. In a poetic language, a myth tells the truth as perceived by a people. H. and H. A. Frankfort say:

Myth is a form of poetry which transcends poetry in that it proclaims a truth; a form of reasoning which transcends reasoning in that it wants to bring about the truth it proclaims; a form of action, of ritual behaviour, which does not find its fulfillment in the act, but must proclaim and elaborate a poetic form of truth.<sup>25</sup>

Myths are not therefore old and past events; they are dynamic because they represent the true nature of man as they provide explanations for his condition. Even if the origin of the myth is never recalled by the people, the influence it has on healing practices is very significant, because the condition of the first man told in the form of mythologies, is similar to that of the first modern man. Modern man suffers the consequences and enjoys the privileges of the ancestors. The myth does not only tell the clanic

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<sup>24</sup>Sam Kern, "Man and Myth: A Conversation with Joseph Campbell", Psychology Today (July 1971), 35.

<sup>25</sup>Frankfort, op. cit., p. 18.

perception of the world, but it also suggests therapeutic methods to deal with man's life situations. Myths exist to justify the perception of man about his world. Myths also exist to prescribe what is to be. This is illustrated in a myth found among some sub-groups of the Kongo.

The Myth "Mahungu". This myth is still well-known in certain regions of the Lower Congo, and it plays an important role in the therapeutic practices of traditional Bakongo healers.

In the Kongo tradition, the first man was created asexual; he was thus a complete being, a man sufficient to himself and in his relations with God. André Fu-Kiau believes that this person, Mahungu, possessed a double sexuality, that is that he had "two different but complementary sexes."<sup>26</sup>

This author does not agree with Mr. Fu-Kiau's interpretation of the bisexuality of the first Kongo man. But rather feels that the myth "Mahungu" suggests that the first man was without any sex, and was neither man nor woman. He needed no sex at all, and reproduction was possible without the intervention of the person of the opposite sex. Mahungu resembled God, Nzambi Mpungu.<sup>27</sup>

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<sup>26</sup> André Fu'Kiau, Le Mukongo et le Monde qui l'Entourait (Kinshasa: Office National de Recherche et de Développement, 1969), p. 112.

<sup>27</sup> Nzambi Mpungu = Omnipotent God, Being complete in Himself. Fu'Kiau suggests that the adjective Mpungu is a derivation of the word Mahungu, meaning "being complete in himself." Ibid., p. 112.

The various accounts do not indicate by what means Mahungu was able to reproduce. These accounts, although rather vague and incomplete, seem to indicate that Nzambi Mpungu had foreseen some other means of procreation.

Statues which are used in initiation ceremonies of the Lemba Society were two-headed, and it is difficult to affirm whether this state of being represented the original state of Mahungu and expressed thus his double-sexed character. The accounts heard by the author contradict this possibility that Fu'Kiau suggests and seem on the contrary to say that the double headed and sexed states are characteristics of the "fallen" Mahungu. The use of two-headed statues in Lemba initiation ceremonies shows three possible realities of man:

(1) He was born complete for he embraced in one person the characteristics of man and woman - that is he possessed qualities similar to those of Nzambi Mpungu. After his fall, however, the two polarities which made Muntu (person) complete were separated to form two distinct persons, man and woman, which are symbolized in the statue. (2) The two persons are still linked because they are of the same origin. They represent the unity of the person "Mahungu," his weakness and his force. This person is at once weakness because he is disobedient and force because he possesses the power to seek the other person needed to complete himself. This power is only actualized through marriage and reproduction. The two-headed statue represents, in my opinion, the state of the person who needs not fear his weakness for he is endowed with the force which can be obtained from the other part of himself. (3) The two-headed statue is also a symbol, to the

initiated person in the Lemba Society, of the original intention of Nzambi Mpungu to create man as a whole being having no faults, no illness, no weakness, but that it was this very man who brought about the state of contradiction within himself. The purpose of the statue in the Lemba initiation is to render the initiated person sensitive to the reality of his duality and to the power that God alone possesses to make him whole. The myth is eschatological in symbolism, a futuristic symbolism which will consummate itself in fulfilling the past.

The Fallen Mahungu. Created by Nzambi Mpungu, Mahungu lived in joy and peace in the village where he was placed. In the middle of his village was a special tree called "Ba-dia'Nzambi" (the tree of God).

One day, Mahungu circled the tree, attempting to discover what distinguished it from other trees. Suddenly he saw himself divided into two persons of different sexes. Frightened by the differences in their sex and temperament, Lumbu (man) and Muzita (woman) decided to re-circle Ba-dia-Nzambi in order to return to the original state of Mahungu. Alas! They remained man and woman from that moment on. Force and weakness, joy and sadness, isolation and union became inseparable experiences of the person.

Certain therapeutic practices of healers or prophets can be traced to this myth. We note for example that the Nganga asks his patient to turn around a tree in counterclockwise direction. The healing prophet also turns his patient in the same direction,

although he does not necessarily use a tree. Thus this mythical symbol is indeed present in traditional therapy.

This turning movement around a tree symbolizes the undoing of the person. Illness is defined in the Kongo culture by the symbol of a person tied up with a rope, representing the idea of turning round the tree. The healing is thus not possible unless the sick person circles the tree in the opposite sense, that is unless he is "untied" from the malevolent force of his illness.

The myth "Mahungu" seems to be saying that full life lies in the intention of God to restore man to the divine first intention. Salvation is therefore not in the intention of man to create a higher better man in the future, but rather man's participating with the creator to the restoration of the original divine intention.

Thus, if the future is almost nonexistent in the African cosmological thought, as Professor Mbiti<sup>28</sup> suggests, the myth and therapeutic practices derived from mythical stories, suggest that the future is only an attempt to return to the past. Myths and therapeutic practices represent the past, the present and traditional African thought, there is no concept of history moving forward towards

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<sup>28</sup> John S. Mbiti, Concepts of God in Africa (New York: Praeger, 1970), pp. 17-23. On page 17 Professor Mbiti says: "The future is virtually absent because events which lie in it have not taken place. If, however, future events are certain to occur, or if they fall within the inevitable rhythm of nature, they at best constitute only potential time, not actual time. What is taking place now no doubt unfolds the future, but once an event has taken place, it is no longer in the future, but in the present and in the past. Actual time is present and what is past. It moves backward rather than forward; and people set their minds not on future things but, chiefly on what has taken place."

a future climax, or toward an end of the world.<sup>29</sup> This is true because the world is primarily anthropocentric and not materialistic. Progress is meaningful in as far as it helps man to continually say no to his fallen state of being and reconstruct the golden age, which is the first intention of the creator.

Myths and therapeutic practices are unifying forces: they separate and integrate despair and hope, sickness and health, present, future and past. Man's ultimate goal is to hope, seeking to learn to be aware and even accept that which is destructive, and to seek therapy for an eschatological entrance into the golden age of the past.

#### F. The World: Revealed by the Word

There is not enough information concerning the role of the word in the process of God's creation of the universe. L. V. Thomas speaks of the Dogon creation story in which it is believed that God created the world by the VERB.<sup>30</sup> Other students of African religions do not give us much light on this matter.<sup>31</sup>

It does not matter how God created the world. The most

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<sup>29</sup> Ibid., p. 23.

<sup>30</sup> L. V. Thomas, "Sociologie et Psychiatrie: Problèmes posés par l'Afrique Noire" *Psychopathologie Africaine*, I:3 (1965), 457.

<sup>31</sup> Mbiti, Concepts of God in Africa.



important thing is the power of the word in the world of the African. There is not any activity that does not precede or is not accompanied by the word. The eternal and creative existence of the word is put into parallel with the existence of God.

A traditional pygmy hymn translated by T. C. Young in his book goes like this:

In the beginning was God,  
 Today is God,  
 Tomorrow will be God.  
 Who can make an image of God?  
 He has no body.  
 He is a word which comes out of your mouth.  
 That word! It is no more,  
 It is past, and still it lives!  
 So is God.<sup>32</sup>

In the Kongo culture, the word has many qualities similar to those of God. "Mpovai Nzambi" (the word is God) is a popular saying. By the word one can curse or bestow benediction. It is God incarnate in human speech. It is spirit incarnate. Nommo, the word, is the life-giving force of the world, it produces life<sup>33</sup> and sustains it. Nommo is a powerful weapon. It brings wholeness as well as punishment, curse and destruction. Komo-Dibi expresses this truth in these terms:

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<sup>32</sup>Quoted in Ibid., p. 23.

<sup>33</sup>Nommo can be a single word (Mot in French; Diambu in Kikongo), or a discourse, a ritualistic discourse (Parole in French; Mpova in Kikongo).

The word is all  
 It cuts, rubs off  
 It shapes, modulates.  
 It upsets, creates anxiety  
 It heals, destroys  
 It exaggerates, or humbles accordingly.  
 It excites, calms down the souls.<sup>34</sup>

Nommo does not only facilitate the transmission of information; Nommo expresses true reality; it is the incarnation of truth. It completes any physical and biological act performed by man. Conception is completed not only by the fertilization of the ovum by the male's sperm, but also by the word. Ogotomeli formulates this idea in the following terms:

The good word, as soon as it is received by the ear, goes directly to the sex organs where it rolls about the uterus just as the copper spiral rolls about the sun. That word of water brings and maintains the moisture necessary to procreation and this means Nommo brings about the penetration of the uterus by a germ of water. It transforms into a germ of the water of the word and gives it the appearance of a human person through the essence of Nommo.<sup>35</sup>

Nommo reinforces the intention and becomes itself the action that actualizes the intention of man. Nommo is charged with creative power. It is the energy and the life. The good word reinforces and vitalizes man in his whole being. Nommo is full of reconciliation for the individual, the clan and the community of men.

Every ceremony is accompanied by Nommo. It is Nommo that gives the vital force to anything that is created. The work of art

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<sup>34</sup>J. Masamba, "Vers une approche, pastorale du problème de la socellero," Revue du Clerga Africain (Janvier 1971), 5-6.

<sup>35</sup>Jahn, op. cit., pp. 124-125.

means nothing unless a ceremony in which the word was spoken to transfer to the object the force it needs for its existence. The fetish is powerless unless it was endowed with the power of protection or healing through the ceremonial Nommo. A medicinal plant has no healing power unless administered and accompanied by Nommo. The union of two individuals of the opposite sexes is not a marriage if not accompanied by Nommo.

Nommo is at the center of life. It cures sickness, it pacifies an angry husband, provides a good harvest, a successful journey; a good harvest is preceded by benediction, communal or personal incantations.

The name, which is part of Nommo, is very significant in the whole process of the actualization of any action. A child is not a complete human being until he has been given a name. This means he or she is accepted in the community and by the community. The name conveys usually the reality of his being. If the child is given the name of an ancestor, all the power, privileges and authority of the ancestor are transferred to him. A child may be given another name if the first one brings misfortune to him.

At most of the reconciliation ceremonies the names of significant members of the clan, the living or the dead, the names of nature-objects that may contribute to the re-establishment of the equilibrium, are invoked. The medicine-man never makes his medicine, he never heals without invoking the names of some ancestors, from whom he received the knowledge. Above all, he invokes the name of God.

Nommo is creative. There is nothing that is done without Nommo. It sustains the universe and gives life to the living because God has given the power of benediction to man.

The music, the rhythm of the song or the musical instruments, the dance are but the expression of Nommo. They symbolize joy, benediction, reconciliation, healing that people have expressed through Nommo.

It should be noted that Nommo has also the power of disturbing and even killing. Bad Nommo opposes the expansion of life. Some people in the community are known for their bad tongue that hurts and diminishes the vital force of man. The word incarnates the person who pronounces it. The word of the sorcerer is to be feared because it is often full of malediction.

The elders of the clan have the power to pronounce malediction upon those who do not conform to the life of the clan. They can pronounce malediction because they also have the power to pronounce benediction.

Nommo is not only a suggestion but also a reality. If Nommo can produce illness, misfortune, it is also the only means to cure illness. This is why every healing process is accompanied by Nommo. When the significant ones pronounce the wish for healing, thus demonstrating the patient is reincorporated into love and concern the community and healing becomes a dynamic therapeutic process in human interaction. Nommo helps the patient and the members of his clan to identify to each other. Nommo helps also the patient to accept himself and to participate in the life-force that Nommo has

presented to him.

Nommo is a unifying element; it maintains and controls the evolution of social structures. It has cathartic power when used in confession and reconciliation (solving social tensions).<sup>36</sup>

### III. SUMMARY

In an attempt to describe the African view of the world no account has been taken of the specific dynamics of historical developments, colonial and African contacts, and modern politico-social ideologies affecting the African perceptions. These are dynamics which need to be studied separately.<sup>37</sup>

The African world is a total unity of inanimate and animate beings, a world which is in constant movement and interaction with human beings. The natural and the human worlds are but two entities of the same nature. They both exchange important messages which originate from the world of things as well as those originating from the world of human beings. Messages of the organism are as important as those from nature, from other human beings and from the world of symbols. The human organism is capable of sending messages into the universe of living and non-living beings to protect, energize or extinguish the energy of nature and man.

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<sup>36</sup>L. V. Thomas, "Societe Africaine et Sante Mentale," Psychopathologie Africaine, V:3 (1969), 363-368.

<sup>37</sup>The term "African cosmology" is a simplification of what is complex. The usage is justified because of the author's selecting elements which seem to be common in most African cosmologies. This is an attempt of systematization.

As the universe is never static, the human mind is not always able to interpret and understand messages originating even from his own organism. Thus, the group of people and the N'ganga (diviner) are needed to interpret and participate in the restoration of health and harmony of the organism and society. In the process of human encounter, the rational and the emotional are recognized as channels through which truth is communicated in its totality. Thus, words pronounced during incantations, invocations, dancing, singing, palaver moments, ecstasy, are used as therapeutic elements in order to mobilize the intellectual faculties of the patient and participants, as well as in mobilizing the instinctual, the emotive, which constitute a part of the totality of the human experience in healing. The African patient participates authentically in the process of healing when, without inhibitions, he enters into contact with himself and the environment.

Man and his environment form a complete world. They are independent from each other, yet, they interact and influence each other. The organism of man translates fear, love, the whole world of emotion, into the language of psychosomatic symptoms which are analyzed as messages the organism has received from the environment of beliefs and traditions, ancestral and human beings. An inappropriate contact between man and environment brings misfortune and illness; a proper contact and interpretation of symbols and messages perceived and heard by the patient or his significant ones, lead toward healing and integration.

The universe is therefore full of messages which emphasize the unity of man as mind (spiritual, desires, thoughts) and body (sex drives, hunger, thirst), a reality of emotionality and rationality, a meeting ground of health and illness, of sadness and joy, of individuation and communion. These dichotomies are but integrated parts of the human-cosmos existence known so far to man. They need each other to complete existence.

Space and time never prevent man from sensing the meanings of life. Space and time are experienced as an eternal here by man. Even when space and time represent a vacuum, man is unable for a given period of time to enter in communication with ancestral spirits. Man does not experience silence. He is constantly in contact with the expended eternity of relationships he is experiencing here and now with his significant ones. Complete silence is only experienced through total death which comes only to those who have entered the world of mikuyu (ghosts) because they have lost meaningful relationship with men, ancestors and God. Space and time are not futuristic; they portray the past with all its meaningful messages and possibilities of making the person not to become a fixed what-has-been individual, but as a what-is-being made person with the support of creative tensions of life of the past which exist in the present, and which have not destroyed human existence. Creative experiences of what-has-been space and time make the universe a place to live.

Space and time participate in the reality of the unity of man and the environment, of the here-and-now and the here-and-then.

Man can enter into the world of the here and now as well as in the world of the eternity of space and time, listening to messages coming from the world and from within his own organism.

In traditional societies the spiritual and the secular were never separated. The reality of a balance between dichotomies in life was an open system if not in practical living experiences, but in theoretical formulation of world philosophy and healing practices. The world was a meaningful place in which to live. Life was never seen in terms of denial of the fullness of pleasure. Illness, celibacy, exclusiveness were signs of the invasion of denial of the affirmations of life. Psychotherapy made the affirmative world of interactions available to those who had fallen into the realm of negativism.



## CHAPTER III

## KINDOKI: A WORLD VIEW, A DIAGNOSIS, A THERAPY

"Awareness of his present existential experience is the first and the most important step at the disposal of the bewitched patient and which may mobilize him to be aware of the contradictions of his being and move toward security maintenance, personal strength, discovery, harmony, responsibility - toward unity. Engulfed between his basic needs to live abundantly here and now, to constantly be and only be, and the pressures of social demands contradicting his drives to fulfill his needs to live and to be, the bewitched patient's awareness of his contradictions, his situation, his ability to claim for his threatened security, open and/or provides possibilities of an open door reality that could lead him toward healing, wholeness, autonomy, community and responsibility. The therapist's role is only to help the bewitched patient enter into that door."<sup>1</sup>

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<sup>1</sup>Jean Masamba, Present Dissertation, p. 135.

## I. KINDOKI: A WORLD VIEW AND A DIAGNOSIS

The African perceived cosmology is a result of experiential construction. It has become the framework for the definition of the social order, giving rise to social beliefs. Beliefs, for the Africans, are not only attitudes of the mind: they are the expression of personal, social life, and interactions. Some beliefs serve as means of searching for the rationale behind illness, misfortunes, personal and community crises. It is with this assumption beliefs in Kindoki (bewitchment) are looked at and are viewed not as an accidental superstition, but as an existential expression of human psychology. Kindoki is not only founded on the aggressive malice of the Ndoki whose intention is to do harm to others; it is a complex system of interaction that is rooted also in the psychological reactions of those suffering from illness, misfortunes, failures and crisis. It is a theory constructed post hoc for the search of an explanation behind personal and social misfits.

E. E. Evans Pritchard, in his book Witchcraft, Oracles and Magic Among the Azande (Oxford at the Clarendon Press, 1937) made a distinction between witchcraft and sorcery that has become classical and which was summed up by the Third International African Seminar held in Salisbury:

- (1) The sorcerer uses magic to perpetrate his evil deeds; whereas the witch is effective by having a special type of personality;

- (2) People who are sorcerers are conscious of their actions and deliberate in their intentions; whereas those who are witches may not know of the evil life they lead after normal waking hours, and even if they do, may be driven by an uncontrollable urge.
- (3) The sorcerer may be driven by anger, envy, or malice of a passing kind; whereas the witch has a permanent addiction to his anti-social actions, one that is rooted in hereditary or in early conditioning.
- (4) The actions of the sorcerer, depending as they do on material substances and/or specific verbal magic, are not as baffling to ordinary minds as are the supernatural machinations of the witch.<sup>1</sup>

This is to say that a witch is one who is able to biologically harm others on an intra-psychic level of communication; a sorcerer is one who harms others by performing rites, using medicines, by manipulating the environment (speech, invocation, curse). Pritchard seems to be saying that the sorcerer is more aware of what he is doing than the witch, as he, the sorcerer is driven by revenge, remorse, etc. in his responses.

The distinction between the witch and the sorcerer in many African societies cannot be sharply made. In the Kongo culture, those who are born Ndoki are as much enemies of the society as those who become Ndoki afterward. They both have opportunities of belonging to Kundu dia Bandoki, the fraternity of sorcerers. They are both to be feared; they have the power to bewitch. In the Kongo culture, anyone in the clan and the community can be viewed also as a Ndoki, as this

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<sup>1</sup>M. Fortes and G. Dieterlen, African Systems of Thought (London: Oxford University Press, 1966), pp. 23-24.

power is also accessible to anyone who seeks it.

Kindoki may be unconscious, involuntary. But often it is also intentional, inherited, inherent, something of which a person is aware, for example, of his power of bewitching others. Kindoki is also conscious, voluntary, something that a person can buy. Interest lies in the nature of the Ndoki who harms by non-empirical means. It is the opposition of Ndoki to the structural setting of the society that is of interest here.

#### A. Terminology

The verb loka in Kikongo is the only one used to designate the action of bestowing, by an unknown person, some destructive power upon a person. When a parent pronounces publically some malediction against a member of the clan, the verb SIBA is used. One who is suffering from Kindoki or Nsibu is cured by the same acts of reconciliation to be discussed in another chapter. Kindoki is more dangerous than Nsibu because the Ndoki is an unknown person while Nsibi is known.

The verb loka is not popularly used in talking about the activities of Ndoki. The verb dia to eat, is used when, in a mystical way, a Ndoki has bewitched a human being. These expressions are common: Wamana diwanga Kala (he has already been eaten); "Bila nki badilanga bantu kimoyo?" (Why do they eat people but still keep them alive?); Ndoki Kadianga wangani ko (Ndoki never eats a stranger). Dia means to kill, to attack metaphysically; it does not always

represent an anthropophagia mania as some anthropologists have tended to think.

Here are two reasons that seem to be at the root of the use of the verb *dia*. First, *vonda* (to kill) and *loka* (to give poison) are physical acts, which could be performed only by using violence. They represent expressions of hatred, representing a slow process of being killed by one who is your own, yet hates you. As *dia* enters into the realm of psycho-metaphysical "eating-up", the patient can react to it by a process of counter-reatcion.

Secondly, to exchange food among members of the same clan was the order of traditional clanic living. Could it be said that belief in *Kindoki* translated in the language form of "eating up" is basically an expression of an anxiety about the need for support, the ability of the individual to trust and mistrust, a deeper expression for love?<sup>2</sup>

*Kindoki* designates that power possessed by the *Ndoki* to do evil to other human beings; it is also used as "awareness of the patient's bewitchment; or an attempt to find the cause of illness." When a patient is under bewitchment, the Ba-Kongo say: *Lokwa kalokolo*

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<sup>2</sup>Chantal de Preneuf, after his observations of Ousmane, a Senegalese traditional healer, says: "Etre malade, c'est generalement ...être mangé. Et l'affection mentale évolue, selon eux, dans le sens d'un déperissement progressif psychologique et meme parfois physique. En d'autres termes, la maladie seroit vecue exclusivement comme une blessure narcissique. Cependant, tout n'est pas si simple; être choisi comme victime par le devorateur, c'est etre aime de lui, avoir bon goût; ce peut être aussi, en cas de maraboutage, être envié par lui. Dans l'un l'autre cas ce-choix signifie la volarisation de la victime par l'agresseur." Psychopathologie Africaine, V:3 (1969), 450.

(he has been bewitched) or Ku nsia Kindoki kena (he is under bewitchment).

The word Kindoki is used as awareness of bewitchment and a search for the cause of the illness. The term Ndoki will include E. Evan Pritchard's distinction between the sorcerer and the witch as both have the same power-energy. And the African patient and healers are not interested in the origin of the power-energy used by the Ndoki.

#### B. Theories Concerning Kindoki

Witchcraft and sorcery are phenomena that have fascinated many scientists throughout the ages. Three basic theories have been evoked as possible explanations of beliefs in Kindoki:

1. Beliefs in Kindoki are seen as a means to express hatred, hostility, frustration and anxiety that have been repressed. Kindoki is seen more as a personality dynamics rather than or less than a social, interpersonal dynamics. Malinowski says:

Witchcraft is primarily rooted in the psychological reactions of those suffering from ill health, misfortunes, inability to control their destiny and fortunes. As such, it is a translation of destiny and personal mishap due to the rulings of fate, into terms of manageable human malice.<sup>3</sup>

Kluckhohn and Nadel have followed Freud and Malinowski's interpretation by emphasizing that Kindoki is a means of expressing

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<sup>3</sup>Bronislaw Malinowski, The Dynamics of Culture Change (New Haven: Yale University Press, 1961), p. 96.

unconscious hostility.<sup>4</sup>

If we attempt to analyze the patient's problems he is relating to beliefs in Kindoki only in terms of the role of his unconscious, then we are limiting possibilities of helping the patient in a more constructive way.

Malinowski does not limit his interpretations to unconscious theoretical framework. He also argues that beliefs in witchcraft are a symptom of economic distress, social oppression.

Nadel sees Nupe's beliefs in witchcraft as

a projection or displacement of hatreds and aggressive desires from the sphere of rational social life into one mystically sanctioned . . . Through such projection and displacement, the doctrine of witchcraft both permits anxieties to become articulate . . . The individual gains inasmuch as he is shown a legitimate outlet for his frustrations and tensions, legitimate since the society has licensed the aggressive talk and action through which the frustration and tension are relieved or sub-reacted. . . Any society gains inasmuch as the ab-reaction is not random but carnalized. . .<sup>5</sup>

2. The second hypothesis in witchcraft and sorcery is that these beliefs are signs of tensions existing between the patient and the Ndoki, or between the patient's kinsmen and the Ndoki. Beliefs in Kindoki point to tensions inherent in the social structure;<sup>6</sup> they "are causally as well as conspicuously related to specific

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<sup>4</sup>Clyde Kluckhohn, Navaho Witchcraft (Cambridge: Harvard University Press, 1944).

<sup>5</sup>S. F. Nadel, "Witchcraft in Four African Societies: An Essay in Compassion", American Anthropologist, LIV, (January-March 1952), 201.

<sup>6</sup>E. E. Evans-Pritchard, Witchcraft, Oracles and Magic Among the Azande (Oxford: Clarendon Press, 1937), pp. 49-106.

anxieties and stresses arising in social life."<sup>7</sup> G. Marwick has made a study of the Cewa beliefs in sorcery and has studied them with the assumption that accusations of sorcery are signs of structural tension and conflicts.<sup>8</sup> He proceeds from Von Weise's assumption that contra-vention (or tension, Marwick's term) and conflict become forms of social interaction<sup>9</sup> developing from uncontrolled competition.

He believes that close relationships, characteristic of African societies, which require total rather than segmental interaction, are more conducive to tension and conflict than are impersonal and distant relationships. He concludes by saying:

It may be argued that accusations of sorcery and witchcraft have the function of formulating and articulating tensions in such a way as to facilitate the rupture of relationships that are too close and personal to be quietly contracted out of, and which, because of social tension, have become unsupportable. For instance it has been reported from some societies, that accusations of sorcery or witchcraft sometimes punctuate the segmentation of social groups such as lineages and villages.<sup>10</sup>

Marwick's conclusion is too loaded with the social dynamics of status-seeking-impersonalization and love-of-privacy-and-distance attitudes which are characteristics of Western men and urban social interactions.<sup>11</sup> One possible message of beliefs in Kindoki is that

<sup>7</sup>Nadel, op. cit., p. 28.

<sup>8</sup>M. G. Marwick, Sorcery in its Social Setting (Longon: Manchester University Press, 1965).

<sup>9</sup>M. G. Marwick, "The Sociology of Sorcery and Witchcraft" in Fortes, op. cit., p. 182.

<sup>10</sup>Ibid., p. 185

<sup>11</sup>Marwick, Sorcery in its Social Setting, op. cit., p. 295.



the patient is mainly affirming himself as a human being. This assumption will be discussed later in drawing conclusions to this chapter.

3. The third hypothesis concerning beliefs in witchcraft and sorcery is centered on the role they play in dramatizing and reinforcing social ethics.<sup>12</sup> Accusations against Ndoki have served as means of keeping the person from going beyond the established social mores of the community. People with ill will, jealousy, bitterness, anti-social behavior may be concerned as being Ndoki.<sup>13</sup> Anti-social and moral values, such as homosexuality, were condemned as being the manifestation of sorcery.

Beliefs in Kindoki were capable of announcing and maintaining moral values. They provided an "economic ethic," to use Marx Weber's term, because they provided "the practical impulse for action."<sup>14</sup> Even though beliefs in Kindoki have disrupted certain communities and destroyed certain individuals, they used to assure the continuity of traditional social norms, providing important "sanctions for social behaviour."<sup>15</sup>

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<sup>12</sup>S. F. Nadel, Nupe Religion (Glencoe: Free Press, 1954).

<sup>13</sup>Evan-Pritchard, op. cit., pp. 109-114.

<sup>14</sup>Ibid., p. 267.

<sup>15</sup>John Middleton, "The Concept of 'Bewitching' in Lugbara" in his Magic, Witchcraft, and Curing (Garden City: Natural History Press, 1967), p. 67.

The Kongo had a strict moral code. Belief in sorcery therefore was a means of maintaining proper standards between people. As Radcliffe-Brown said, the observance of the moral standards are intended to preserve and maintain the pattern of kinship. He has suggested that the ritual is the

attribution of ritual value to objects and occasions which are either themselves objects of important common interests linking together persons of a community or are symbolically representative of such objects.<sup>16</sup>

This is why there used to be rituals, such as Matanga, which were not only to remember the ancestors, but also to do confession so that social values and interpersonal relations could be maintained and restored to their fullness in a more redemptive way. J. R. Crawford finds the same dynamic in the Shana of Rhodesia. He says:

Kinship and social obligations are one of those matters which, because of their importance to the existence of the community, evoke ritual values. This is seen clearly in the ritual of the cult of the Vadzimu . . . which serves both as an expression of the social values attached to the kin group and as a method of keeping that group intact. There is a similar ritual value attached to the forces that tend to disrupt the life of the community, envy, jealousy, failure to perform one's obligations . . .<sup>17</sup>

#### C. Kindoki in its Multidimensional Setting

Kindoki is a practice and a belief which cannot be understood without relating it to the multi-dimensions of its setting.

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<sup>16</sup>A. R. Radcliffe-Brown, Structure and Function in Primitive Society (New York: Free Press, 1952), p. 151.

<sup>17</sup>J. R. Crawford, Witchcraft and Sorcery in Rhodesia (London: Oxford University Press, 1967), p. 71.

Western medicine has usually been atomistic in its approach to treatment and for this reason has not eliminated even in Western societies beliefs in other forms of healing, such as witchcraft and sorcery.

The Gestalt psychology emphasizes the necessity of studying a culture as a whole and not in fragmentation. Gestalt psychologists have shown that the simplest sense perception or analysis of the separate precepts can account for the total experience.<sup>18</sup>

Bewitchment as an African experience is a part of the totality of his culture which enhances his religious beliefs, his psychological environment, his biophysiological response. In traditional Africa, illness was defined and therapy was performed in the global experience of the person. This suggests that it is important to deal with Kindoki in its global setting, which is to say that Kindoki is a complex phenomenon.

The Religious Setting. In the past few years there has been an increasing interest in the study of traditional African religions. Themes such as divinity, sacrifices, initiation processes, ancestral worship, sorcery and witchcraft, divination, messianic movements, have attracted a number of researchers. Thus, a new search in understanding the religious sentiments and practices of the African people is under way. The African religious element is being studied in order to discover its influence in the formulation of cultural values,

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<sup>18</sup>F. Perls, R. Hefferline, and P. Goodman, Gestalt Therapy (New York: Delta, 1951).

political orientation, economic development theories, and health services.

Traditional African religions are diverse in their practical setting. But their influence in political, economic, ethical and spiritual realms in all parts of Africa cannot be denied. For the African, religion was as equally important in the formulation of personality and society maintenance as any other phenomenon. Religion was part of the total human experience. Anyone who is, therefore, interested in understanding modern Africa should never ignore the religious element in all aspects of African life.

The term "African religion" is being used for academic reasons as a means of conceptualization which is merely an academic exercise in the Western learning process. Actually traditional Africa had a global approach to life in which one could only dissect life into religious, economic, political, ethical, etc., if he had lived in the West. Reading, listening to old folk stories, participating in many healing and reconciliation ceremonies give another insight into societies that are commonly classified as being religious institutions in traditional Africa. The so-called "priestly institutions, special societies (commonly called secret societies)", were functional to the whole community. They never existed as independent institutions, performing religious rites apart from the whole experience of the community with its social, political, economic, ethical, metaphysical aspects. In this type of community life style, one can only extract religious dynamics in traditional African life style.

In many parts of Africa religion did not even have a special name. It was life that did not need to be given another name. One could only live it, practice it. It is also true that many African tribes did not even have shrines and temples for their gods. Religion was lived in every aspect of everyday experience and, erecting a temple destroyed the energizing, omnipresent aspect of African gods.

Religion was an integral part of life and it had no meaning if separated from other parts of the whole unit, life.

It is therefore difficult, if not impossible, to compartmentalize life into medicine, politics, sociology, psychology, ethics, law, religion, when such a cosmology did not exist in the traditional African cosmological formulations. When attending a traditional wedding ceremony, a funeral service, an ancestral festival or a traditional palaver court meeting, one observes all the different dynamics taking place to complete the global situation of life under consideration. Every attempt to compartmentalize every aspect of the ceremony in order to put it into categories of scientific knowledge destroys the ability to look at life as a global situation in which there should be no place where religion should start or end, where politics, sociology, medicine, human interactions should start or end. In many of the traditional meetings, prophetic healing ceremonies, beliefs, rituals, festivals, ethics, politics, in the traditional cosmology had the same root and were integrated into the act of events not only for solving the immediate problem, but also of reinforcing in each participant the awareness of his own existence, and the reality of seen or unseen relationships.

This view enlarges horizons and reveals the deeper meanings behind what have been commonly called religious symbols.

## 2. Some Therapeutic Dynamics in African Traditional Religions.

The study of African traditional religions is rendered difficult because of many factors such as a lack of written documents telling us of the content of their theology and organizations; lack of a central religious tradition which could point to common characters of these religions; diversified cultural contacts which have influenced differently the African traditional religions.

These factors have not prevented a reconstructing of the African traditional religious elements. Many of the elements are still existing in one form or another. Cultural contacts have not succeeded in making a tabula rasa of the African tradition and beliefs. Many syncretic situations can help any researcher to separate traditional beliefs and practices from Western beliefs and Christianity.

Folk tales still told in villages are a source of reconstructing the religious past life. African oral communication was as good a documentary source as written texts. Religion, culture, that is, life, was such a human experience that its excitement was communicated and passed on in a more personalistic manner and interaction. By the use of myths, story-telling, songs, healing practices, proverbs reflecting ancient wisdom the past was relived and the present was made a continuous and renewing excitement.

(a) Soul, Body, Object: A Total Unity. The African religion is soul and body oriented. It recognizes the polarity yet the unity of soul and body. It recognizes the fact that every living being and object is animated by the soul. Every object of nature has soul which makes that object possess a certain distinctive power of performance in the world of humanity. This specific performance is the power of God incarnate. Soul and object form a total unity which is not worshipped, but God. The ancestors may be invoked in order to ask God to activate, to increase, the power of performance. Man needs not to manipulate the object. He is to address the Supreme being, author of every creature so that he makes it more of an energizing soul in healing man.

The divine soul which is present in every creature of God is not God himself. He is different and independent from it. Yet, it represents God because God is existence in his totality; he expresses himself in the fragments and elements of his creation.<sup>19</sup> This performance, far from being called 'animistic' as proposed by Tyler and accepted by social scientists, affirms the divine presence among men. It eliminates fatalism as a passive aggressive response to human problems, as some people have thought the African religions are. Even though God is physically far from men and unseen, he is constantly present in so far as his soul energizes the soul of each object of his creation. Creation is the medium through which he

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<sup>19</sup>Jean-Pierre N'Diaye, Elites Africaines et Culture Occidentale (Paris: Presence Africaine, 1969).

declares His eternal presence, His soul presence. Small divinities and ancestors are not the incarnation of God, but through them God performs in the natural order and is shared with man. Society becomes an interplay of relationships through which soul and body, that is man, is given priority and his maintenance and security.

African psychology sees in nature not only a healing soul, a healing presence, but also a presence that can decrease health. Thus the living man needs to be in constant relationship with the ancestors who are in the proximity of God's physical presence in order that they may intervene in man's behalf and protect him from the witch and the sorcerer.

(b) Religion Impregnates the Whole Man. The second characteristic of African traditional religion is that religion impregnates the whole man and the whole of man's life. It is an interaction, a force that unites the living and the dead. It is participation, communion. Jean-Pierre N'Diaye who interviewed African students in France compared African religion with Western religion, saying:

Religion for the African is that which regulates the whole life. It intervenes in all his activities, even in his political life... In Africa, there is communion between being and nature. Tradition religious concepts unite being with the ancestral cult. Religious beliefs are intimately united with being...Religion is a belief in the infinite and the finite, a belief in that which still lives and that which has died...It is a dialogue with the ancestors, forces of nature, including human beings...<sup>20</sup>

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<sup>20</sup>Ibid., pp. 90-96.



The African religion does not only offer an explanation to natural phenomena which are in constant interaction with him; it also influences, impregnates his personality and it becomes a social phenomenon. Religion is therefore "a practical expression"<sup>21</sup> which brings on the surface of the individual's personality as well as the personality of the group all the inner messages man receives from within and from without.

The whole life in traditional Africa is subordinated to the religious phenomenon. There is no social activity which is devoid of social meanings. Thus, it should be noted that what is recognized as a religious phenomenon is, in reality, a complex phenomenon; it goes beyond religion. It reflects and participates in all dimensions of man's experience. Thus, the African society never compartmentalized life into secular versus sacred life, social versus political life, personal versus community life, worship versus healing hour. The whole life was global and man was and lived as a global soul-body person for whom worship, healing, politics, economics, social order, religious order formed entities of global entity, which is human experience.

(c) Religion is Life-Affirming. The third characteristic of African traditional religion is its life-affirming dynamism. Unlike some world religions which have a tradition of life-denial

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<sup>21</sup>Ibid., p. 175.

theology, exalting celibacy, abnegating material wealth, sexual pleasure, the African traditional religion is life-affirming. Unlike the teaching of Hindiusm on painful rebirth in a human or animal form, the African traditional religion teaches that rebirth, experienced in the realities of ancestral festivals, in giving names to the children, is a fact that strengthens life not only of the person just named, but also of the departed ancestor and of his clansmen.

Parrinder makes the following observation:

This world-affirming is behind arguments on polygamy, healing shrines which minister to the health of both body and soul, and dances and fertility cults. There is frank acceptance of the importance of sex, erotic dances, phallic symbols, vivid portrayal of sexual acts in art, and occasional naturalia.<sup>22</sup>

Religious observances imposed at certain periods in man's life certain ascetic practices. In many communities, candidates going through initiation rites, the priests performing the rites, abstained from sexual activities for a period of time. In Dahomey, for example, no one was admitted into the initiation ceremonies unless he was in the state of chastity. Those who were undergoing initiation and who had sexual intercourse were severely punished since their acts could have angered the ancestors or their gods. The African ascetic life was a temporary thing; it was functional, a trajectory which led the individual to move from one place to another for an obedient life.

Thus, celibacy, homosexuality, were seen as abnormal behaviors

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<sup>22</sup>E. C. Parrinder, Religion in Africa (New York: Praeger, 1968), p. 233.

which were in opposition to life. Marriage, polygamy, and even polyandry reinforced life not only in their social role of controlling man's behaviors and maintaining the social order, but also because they assured the dynamic cohesion of body and soul.

(d) Time and Space, Dynamic Eternity. The fourth characteristic of African traditional religions is that they help the individual to experience time and space as realities in the dynamics of here and now. This is confirmed in the existence of myths which point to the fact that the main concern of the African is the here and now, with all its antecedent and distant qualities and experiences. Beliefs in a futuristic life, very different from the here and now, is unthinkable in the traditional thinking. "To live here and now," says Professor John Mbiti, "is the most important concern of the African religious activities and beliefs. There is no paradise to be hoped for or hell to be feared in the hereafter. The soul of man does not long for spiritual redemption, or for closer contact with God in the next world."<sup>23</sup> Even though to be elevated to the ancestral, places the individual in the proximity of God, man does not manipulate space and time in order to get closer to the creator. Space and time, spiritual and natural worlds, are attributes of God in which man lives with an eternal here.

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<sup>23</sup>John S. Mbiti, African Religions and Philosophy (New York: Praeger, 1969), p. 4.

(e) Man and Spirits Interaction. African traditional religions are simplistic in form. They recognize God<sup>24</sup> as creator,<sup>25</sup> the one who sustains and protects the creation;<sup>26</sup> the one who gives and takes away.<sup>27</sup> The involvement of God who is spirit in the affairs of man is concretely observed in the interaction of man with his ancestors, other spirits about him and objects, such as trees, rocks, which are a part of God's creation. This is to say that African traditional religions are more "anthropocentric," to use Mbiti's terminology, than theocentric. Man is at the center of God's dealings in the world, for, if God seems to be passive in dealing with the affairs of the world<sup>28</sup>, he is active in man's interaction with creation. This is not pantheism, because God is not everything. He uses his creation, objects of creation, even man, to manifest his presence. But he is not the objects. He independently exists from creation; yet man is in constant communion with God through creation,

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<sup>24</sup>John Mbiti, Concepts of God in Africa (New York: Praeger, 1970), provides an overall view of the African traditional beliefs in God.

<sup>25</sup>John Mbiti says: "Our written sources indicate that practically all African peoples consider God as creator, making this the commonest attribute of the works or activities of God." Ibid., p. 45.

<sup>26</sup>The BaKongo believe that a person cannot be healed unless God wills it. He impregnates his healing power in plants to cure the sick. The Stilluk of Sudan address God as "Thou who lifts up the sick." Ibid., p. 67.

<sup>27</sup>The BaKongo say: Nzambi Uvananga, Nzambi mpe ubonganga (God gives and takes away). The Nandi of Kenya believe that good and evil come from God. Ibid., p. 82.

<sup>28</sup>Crawford, op. cit., p. 77.

which includes material as well as immaterial created-components.

The world is made up of many unseen forces which are constantly interacting with the human being. Many of these forces are malevolent which, to a great extent, have ontological existence, but are used by dead or living beings to threaten health and security.

The unforeseen forces, originating from outside the kinship, and which include animal spirits, usually attack those who, through their behavior, expose themselves to the evil deeds. These forces are not to be identified either with divinities or with ancestral spirits. It is seldom that someone will criticize another person, especially at night or in the forest, because of the possibility of being attacked by the malevolent powers protection the person being criticized.

The Ankore of Uganda have the Ezinu, family spirits which have the power of punishing bad actions, and are responsible for many misfortunes of men in the clan.<sup>29</sup> The Vugusu of Kenya believe that there is an evil divinity who has servants who are the spirits of wicked men like witches and sorcerers, who are evil minded, and who can bring illness, misfortune and death to men.<sup>30</sup>

In its theology, the good spirits are of those ancestors who, forgotten by their names by living kinsmen, have been made agents of God for the protection of humanity. They dwell now in the cloud of

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<sup>29</sup>Mbiti, Concepts of God in Africa, op. cit., p. 123.

<sup>30</sup>Ibid., p. 122.

the universe as the blessed ones. Evil spirits are of those who did not conform to God's commandments, those whose deeds were factors of social and personal human destruction. They have not been accepted as the blessed ones. They are associated with destructive powers of nature, such as storm, thunder, and the like.

It should be remarked that the African religion does not establish a gulf between good and evil spirits. Evil spirits are as omnipresent and as active in the lives of men as good spirits. Man has to make a choice between these two realities co-existing with him. The protective ancestral spirits can be angered and thus cause illness or misfortune if proper respect has not been paid to them. A N'ganga ngombo (a diagnostician) when consulted may point generally or specifically to an ancestral spirit that one needs to be reconciled with. In some societies, such as the Shona of Rhodesia, the ancestor spirit may use a witch to make his wish known to the living person.<sup>31</sup>

#### D. Kindoki in its Sociological Setting

Anyone who deals with bewitched patients discovers the sociological dynamics of Kindoki. The first sociological phenomenon that many studies have revealed is that accusations of Kindoki are directed toward members of the same matriclan.<sup>32</sup> The sayings:

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<sup>31</sup>Crawford, op. cit., p. 79.

<sup>32</sup>The Ba-Kongo are matricilineal and 98% of the clients I had for therapy and 80% of patients I interviewed were Ba-Kongo. In the Kongo culture, the father, paternal uncles and paternal aunts are very seldom accused of being Ndoki.

"Ndoki kadilanga va nzo angadi ko: Ndoki does not eat (bewitch) outside his clan."

Among six hundred and five bewitched patients interviewed, while teaching and doing research in the Lower Zaire and Kinshara between 1966-1970, five hundred and ninety eight accused members of their clans; ninety two patients out of one hundred in therapy found Ndoki in their clans, while six were outsiders and two unidentified. The table on the following page gives a picture of the relationship between the patient and the accused Ndoki.

Taking clan relationship as a social factor, the study reveals that 85.38% of Ndoki accused by the patients were members of the patients' matriclans. Several studies on sorcery and witchcraft have found the same social dynamic.<sup>33, 34</sup>

The second observed social dynamic is that the number of female Ndoki accused by the patients is slightly higher than that of male Ndoki. The Ba-Kongo fear female Ndoki more than male ones. Ndoki a rhento ka mana ku kanga, mpasi mu kukutula (If a female Ndoki ties you up, she finds it impossible to release you.) Nadel has found that in the Nupe culture, those accused of kindoki are always women. This is based on sex antagonism.<sup>35</sup> He says:

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<sup>33</sup>Marwick, Sorcery in the Social Setting, Part II.

<sup>34</sup>J. Van Wing, Etudes BaKongo (Bruxelles, Desclee de Brower, 1959).

<sup>35</sup>Nadel, "Witchcraft in Four African Societies," p. 21.

# TABLE 1

| Total Number of Respondents |                       |               |                            |                           |          |          |                          |                            |                    |                 |      |             | 705   |
|-----------------------------|-----------------------|---------------|----------------------------|---------------------------|----------|----------|--------------------------|----------------------------|--------------------|-----------------|------|-------------|-------|
|                             | Matrilineally Related |               |                            | Not Matrilineally Related |          |          |                          |                            | Unidentified Ndoki | Education       |      | Environment |       |
|                             | Male Adults           | Female Adults | Child Sex Undifferentiated | Wives                     | Husbands | Co-wives | Father of Maternal Uncle | Child Sex Undifferentiated |                    | Primary or More | None | Rural       | Urban |
| K                           | 260                   | 266           | 40                         | 23                        | 22       | 16       | 21                       | 15                         | 42                 | 415             | 290  | 399         | 306   |
| P                           | 566                   |               |                            | 97                        |          |          |                          |                            | 42                 | 705             |      | 705         |       |

$P = \frac{\text{Total Number of Respondents}}{705}$  among whom:

(A) 605 were interviewed

-5 at government courts

310 at different institutions

-123 at three different institutions

15 on the train

175 high school students

80 at Palaver traditional sessions

(B.) 100 Patients were in therapy with me  
-31 second

-31 secondary school students

-2 university students

theological students

-65 villagers and business men.

$$K = \text{Number of identified Ndoki by patients or their relatives}$$



The economic position of the Nupe wives, many of whom are successful itinerant traders, is generally much better than that of their husbands. Thus, husbands are often heavily in debt to their wives, and the latter assumes many of the financial responsibilities which should rightly belong to the men as fathers and family heads, such as finding bride-price for sons, paying for children's education. . . This reversal of the institutionalized roles is openly resented by men, who are, however, helpless and unable to openly redress the situation. . . Many married women become itinerant traders. According to tenants of Nupe, this occupation should be reserved for childless women. . .<sup>36</sup>

Women and wives whose social status and/or whose abilities are superior to those of men or husbands are suspected of being Ndoki. A wife is an outsider in the matriclan but she can be suspected of Ndoki because of the interpersonal social and psychological dynamics connecting her to the husband.

The third dynamics is socio-economic. It is observed that the external agent accused of Ndoki is usually an older person, the elder of the matriclan who exercise certain social and economic power over the younger people in the clan. Because they are supposed to be the guardians of the matriclan, major socio-economic decisions are made only with their consent. This is sometimes a source of conflict and hostility-provoking. Because of the traditional social style, younger people abide frequently to the decisions of the elders. Thus, resentment and hostility are overtly expressed through the symbolism of Kindoki.

Socio-economically, it is also observed that the richer in the community are suspected and accused of Kindoki by the less

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<sup>36</sup>Ibid.

fortunate ones as a psychological pressure of the poor. This seems to be a pressure language which requires the richer ones to respond to the needs of the poor in order to avoid bewitchment. Thus, Kindoki is a socio-economic measure searching for the resolution of social tension created by a given set of norms; it is also a sanctioning measure which is used to reinforce these same social norms.

We must note that accusations pressed by the patient and/or members of his clan, against the Ndoki are often an indication of interpersonal relations, thus creating fear, anxiety, rivalry and interpersonal conflicts. Kindoki is a possible explanation of these conflicts which, therefore, offers the positive side of the social dynamics vis-a-vis the patient. Belief in Kindoki seems to imply that man cannot suffer in an unjust fashion, for all suffering must have its "first cause." If western medicine bases its treatment on the assumption of microbes, Kindoki, on its part, searches social causes which have made the social and personal situation abnormal.

The clan and the conjugal foyer are the smallest social unities in which one becomes very sensitive and conscious of the broken interpersonal relations. When one is struck by misfortune, sickness or death, one turns his thoughts toward a member of the clan or a member of the foyer with whom he has not been on good terms. The suspicions often create a feeling of superiority, of inferiority or of persecution. Stated differently, suspicion is responsible for many complexes. Conscious of this clan mentality, the witch doctor or the prophet finds the Ndoki in the bosom of the clan or the conjugal foyer. It is very rare to find an Ndoki who is not a member

of the clan or the foyer of the one who feels that he has a spell cast on him. Moreover, the Ndoki which is not a member of the clan of the accuser is often an innocent person who without knowing it or wishing it has had his likeness stolen by Ndoki who dresses in it in order to harm other members of his own clan. The Bakongo say: "He is not the Ndoki; someone has just appropriated his likeness." The Nigerians say that man never perishes from the hands of a far-away enemy unless some members of his clan have given a hand.<sup>37</sup> This is evidence of the tensions which exist between members of a clan, those especially who live in a closed society.

Some few people are obsessed with the fear of becoming witches. They believe that some witches try secretly to make them witches or are using them to eat other people by "vesting their faces." As there is a certain disagreement they suffer from physical or mental distress.

It has been observed that the Nganga have a hard time in curing patients who suffer from the fear-of-becoming-a-witch. This seems to be a deep seated psychological problem.

Dr. M. Field gives an example:

When she saw Kofi Amoani, he 'was the picture of hunted wretchedness. His face was haggard, his forehead drawn, and his body miserably thin. His malady began, he said, with sleeplessness during the greater part of every night, interrupted by nightmares in which his susuma was always drawn unwillingly away to join a company of witches. He developed daily periods of blindness and became unable to hear anything except the urging voices of witches.

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<sup>37</sup>J. A. Omoyajowo, "Witches?" (Ibadan: University of Ibadan Publishing Press, 1965), p. 25.

He also had pains in his abdomen. I saw the scars where cuts had been made to let out the sickness. He consulted one medicine man after another, and in despair he even travelled on a cocoa-lorry to a European trained doctor in Accra who declared he could not find anything wrong. When I first saw him the witches in his family had been exposed, had consented to leave him alone, and for some weeks he had been staying with the witch-doctor. He had recovered his sight and hearing, though he was still wretched and weary. . . . But in the presence of the witch-doctor he had a sense of safety and the belief that he was to be rescued. He stayed with the doctor about a year and I saw him many times. He gradually got fatter, lost his haunted look, and began to dare to go out alone. At the end he was a different creature, had developed a sense of fun, was chatty and quite energetic, and went home quite cured and confident of his power to remain so.<sup>38</sup>

This shows that the counselor and the doctor have to rely also on the diagnosis of the patient, on the phenomenological symptom of his illness. Turning these forces away by manipulating the mind of the patient is a road toward cure. The doctor does harm to the patient when he tells the patient who believes that he is possessed by evil forces that he has no physical ailment. His ailment is on the spiritual realm of his being and can only be cured when he is helped to get above his body by consolidating his psyche.

Marwick's study shows that sex-antagonism is a social dynamic which, psychologically and socially, has made women to be more accused of Kindoki than men is probably on the verge of becoming a marginal issue. Marwick says:

. . . while both male and female informants express the view that most sorcerers are women, the sex-ratio of involved in the cases collected show males to comprise a much larger proportion than would be expected from such a general statement.<sup>39</sup>

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<sup>38</sup>Margaret Field, Religion and Medicine of the Gã People (London: Oxford University Press, 1961), p. 158.

<sup>39</sup>Marwick, Sorcery in Its Social Setting, p. 283.

On page 103, M. G. Marwick gives this table which supports his conclusion:

TABLE 2: SORCERER BY AGE AND SEX  
(Table 10)

| <u>Age Category</u> | <u>Male</u> | <u>Female</u> | <u>Sex Unknown</u> | <u>Total</u> |
|---------------------|-------------|---------------|--------------------|--------------|
| Child               | -           | -             | -                  | -            |
| Adolescent          | 1           | -             | -                  | 1            |
| Adult               | 43          | 22            | -                  | 65           |
| Old                 | 14          | 20            | -                  | 34           |
| Unknown             | -           | -             | 1                  | 1            |
| Total               | 58          | 42            | 1                  | 101          |

Of the one-hundred-one accused of Kindoki, nearly three-fifths are men and slightly over two-fifths are women. It is also interesting to note that both findings indicate that old age which has been associated with kindoki, is probably also becoming a marginal social dynamic. Ndoki are found in almost all social and sex groups. Ndoki are even now outsiders to the clan and family units which used to be, among the Ba-kongo, the most important social dynamics. Maybe there is "displacement" in accusing the outsider as an anxiety-producer when the real source of hostility is a member of the clan. Regardless of sex, social status, relatedness and unrelatedness to the same matriclan, interpersonal and intersocial tensions play a role in Kindoki beliefs.

Psychotherapy and medicine, therefore, should treat man also in his psycho-social dimensions. A doctor in Africa cannot render a healing service to a mother who believes that her child has fever because of a spell cast on him by a "ndoki" of her clan if this doctor

explains only the realities of microbes he has observed under the lens of the microscope in his laboratory. The woman will always believe that the Ndoki had acted in introducing microbes into the body of the child. If the sickness from which the child suffers is treated by administering the appropriate medicines, the sickness of the broken interpersonal relations from which the mother suffers vis-a-vis a member of her clan will continue to do harm between members of the clan. She can only be healed by a dialogue of reconciliation.

Belief in sorcery points therefore towards a broken social situation. One must not seek to heal only physical sicknesses but also the anomalies of the personal relations and conflicts, and social pathologies.

#### E. Kindoki in its Psychological Setting

1. Guilt. Guilt is one of the major problems encountered by anyone involved in any type of helping relationships. Certain acts and decisions are usually followed by guilt feelings. Physical illness and other conditions may also create guilt feelings. Man, for ages, has been asking such questions as: "Who is the cause of my sickness? How can I get rid of my physical ugliness?"

Guilt feeling is more acute in those who suffer from neurosis, psychosis, depression and anxiety. As the neurotic or the psychotic cannot bear the personal responsibilities of his condition, he seeks to explain his condition by finding an explanation outside

of himself. He seeks for a scapegoat upon which he can discharge his guilt. His education, his parents, the society, the external forces (for example sorcery), the incapacities of others to comprehend him, God's indifference, all become ways of rationalizing his guilt feelings. He depersonalizes his feelings. This has been the dilemma of man since the beginning of time as exemplified by the responses Adam and Eve gave to God when they were confronted by their existential condition:

Adam: "The woman you gave me for a companion, she gave me fruit from the tree and I ate it."

Eve: "The serpent played a funny trick on me, and I could not resist eating the fruit." (Genesis 3:12-13)

There is a sense of escape from responsibility, freedom and adventure in life. Man is swallowed up by conformity. He refuses to be a true, separate self. This denial of the existence of the self as an independent being forces men to project their guilt feelings toward others.

But it is important to note the positive aspect of real guilt feelings. If decisions and choices are usually accompanied by guilt, choices and decisions are means which affirm the individuality of the person and facilitate his growth. Guilt feeling is therefore a sign which should tell the guilty man to check over what he has done or is feeling which is a hunderance to his growth. The author recognizes the differentiation between true guilt and neurotic guilt, and believes that Mowrer's view of guilt only as a learning deficiency is a too

limited understanding of man's inner psychology.<sup>40</sup> The Validity of Integrity Therapy in dealing with patients with real guilt is well recognized by the author. Guilt is a consequence of the failure to actualize either the potentials or the expectations of personality development. To be human, is to have potentials and expectations. To be human is also to experience some form of guilt. Father White has said that without a sense of guilt,

the Christian faith and practice, the whole gospel message of salvation and the rites of the church, would be meaningless.<sup>41</sup>

Paul Tillich affirms that man's finiteness, anxiety and guilt are part of his very human existence and whatever the origin of guilt may be man's experience is that he feels guilty.<sup>42</sup> The recognition of guilt, and the acceptance of responsibility present the therapeutic aspect of guilt since it can become a vital factor in affirming the individuality and the existence of the self, and in correction of behavior.

We need to recognize also the destruction of selfhood that can result from confession. Sherrill says:

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<sup>40</sup>O. H. Mowrer, New Group Therapy (New York: Van Nostrand, 1964), pp. 124-181.

<sup>41</sup>Victor White, "Guilt: Theological and Psychological" in Philip Mairet, Christian Essays in Psychiatry (New York: Philosophical Library, 1965), p. 161.

<sup>42</sup>Paul Tillich, The Shaking of the Foundations (New York: Charles Scribner's Sons, 1948), p. 22.



The sense of guilt is so painful that ordinarily the self wishes nothing so much as to cover its true character for every age, whether of the neighbor, the family, or one's own self.<sup>43</sup>

Guilt involves a fact, a responsibility, and a feeling. When the question of a fact is involved, guilt implies that one has done something forbidden. The something may be action or feelings. The source of prohibition may be religious, legal, social, familiar, or personal.

When the question of responsibility is involved, guilt indicates that one is held responsible by himself or by others for doing or feeling what was prohibited, or for failing to do or to feel what was required. When the question of feeling is involved, guilt refers to the emotional aspect of the experience of one who stands in amazement upon himself, and condemns himself, or at least recognizes others' condemnation of himself as described.

Guilt is a complex phenomenon. It does not only find its expression in the externalization of the feelings of wrong doing, but also in the internalization of these feelings. In this respect guilt can become a self-examining, correcting and changing factor for man's personality. Otherwise, it leads one to self-destruction.

What are some of the interpretations of the genesis of guilt? James Pike says that man's guilt consists in his inability to live up to certain moral standards.

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<sup>43</sup>L. J. Sherrill, Guilt and Redemption (Richmond: John Knox Press, 1945), p. 130.

The course of guilt feelings is the gap between the 'is' and the 'ought.' Since the 'is' generally falls short of the 'ought,' the usual practice is to pull the 'ought' down to match the 'is,' so that we can feel comfortable with ourselves.<sup>44</sup>

Man is saying,

My analyst tells me that because when I was twelve years old my mother glared at me. I had a traumatic experience: That's why I act the way I act.<sup>45</sup>

What he is really saying in this mediocre ethics, is that he does not feel the need for redemption because he does not feel guilty.

Freud believes that whenever the super-ego disapproves the actions of the ego, guilt feelings arise. Super ego is a kind of never-sleeping censor which critically examines the impulses of the id and the various activities of the ego, ready to punish what is judged immoral and to regard with self-praise and self-love all desirable or virtuous thoughts, feelings and actions.

The super ego presents some advantages and disadvantages for the ego. It is an advantage when it provides the defense for the ego against the impulses. It is a disadvantage when it prohibits the ego's independence and freedom to enjoy instinctual gratifications.

Sullivan defines guilt as "the peculiarly colored anxiety which stands as a clearly observed violation of an important governing principle of an individual's personality organization."<sup>46</sup> He believes

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<sup>44</sup>James Pike, A New Look at Preaching (New York: C. Scribner's Sons, 1961), p. 39.

<sup>45</sup>Ibid., p. 40.

<sup>46</sup>H. Sullivan, Clinical Studies in Psychiatry (New York: Norton, 1956), p. 112.

that the idea of the "bad me" is the beginning of the "guilty-me."

Guilt becomes the product of unfortunate interpersonal experiences.

For Sullivan,

Guilt is a function of behavior in central awareness; that is, it occurs in circumstances in which people know what they are doing and it is the only form of anxiety, I suppose, that most people can experience in which there is such clarity.

He goes on to say,

Guilt is a drop in euphoria due to our not having lived up to our most important convictions of what we are good for and how we should live - and this drop in euphoria. . .this anxiety - is horribly unpleasant, and like all anxiety, practically always provoking in personal relations, real or fantastic.<sup>47</sup>

There is true guilt which does not play a role in psychopathology.

True guilt is a feeling-conscious phenomenon. "Crazy guilt" can be a psychotic nuisance.

When you hear a person talk about experiencing guilt, he may be actually talking about guilt, or then he may be talking about rationalization by which he escapes clear awareness of anxiety. Very often it is the latter, which is a nuisance, particularly if you are psychologist who falls into unnoted collorations with this confession.<sup>48</sup>

Sullivan says that guilt represents a big threat to the security of the individual.

Melanie Klein,<sup>49</sup> a New-Freudian, believes that guilt feeling has its roots in childhood. The child experiences the mother-breast in two ways: (1) as the good mother, the mother who gives, sustains,

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<sup>47</sup>Ibid., p. 114.

<sup>48</sup>Ibid., pp. 112-113.

<sup>49</sup>Melanie Klein, Envy and Gratitude (London: Tavistock, 1957).

satisfies his needs. He responds to this experience with kindness, gratitude, willingness to preserve that which sustains him. (2) The child also experiences his mother as the bad mother, the mother-breast who is not there, who inflicts pain by her absence. He responds to this experience with frustration, rage, the wish to destroy that which threatens to destroy him. He has the fear of loving the love object upon which he depends for his sustenance and his life. Thus begins the experience of hate-love ambivalence toward the same object. At the same time these anxiety feelings take on a social quality and develops a sense of guilt. Perhaps his guilt develops from his own sense of judgement upon himself for attempting to have the love object.

Eric Fromm seems to find the genesis of guilt feelings in the dynamics of culture. He rejects Freud's instinct theory and his structural approach toward the mind (id, ego, super ego). He believes that the culture exercises certain forms of pressure on the individual, thus creating anxiety and guilt. The Oedipal complex is not a sensual aggressive conflict between a child and his parents, but rather an anxiety growing out of basic disturbances, such as over-protection, rejection, punishment in the relationship of the child to his parents. Aggression is not inborn, but a means by which man tries to protect his security. Narcissism becomes not the expression of self-love, but the expression of self over-evaluation because of feelings of insecurity.

Karen Horney<sup>50</sup> believes that when a wide range of factors in the environment produces insecurity with the child, there is a development of basic anxiety in him. This anxiety is the feeling that the child develops certain means by which he can cope with his isolation and helplessness. At times, he seeks gainful revenge on those who misunderstand him. He may be excessively submissive in order to win back the love of other people. He may also develop an unrealistic, idealized self-image in order to compensate for his feelings of inferiority. If he cannot gain back the love he is seeking, he may use power or exploit people. He may become very aggressive and competitive with the power to always win over the other persons.

Horney believes also that the trend of neurotic development involves a fundamental problem of morality, the drive of man and the religious obligation for man to attain perfection.<sup>51</sup> She believes that man has inherent evolutionary constructive forces which urge him to realize his given potentiality. Man is not essentially good, but that by his very nature and his own accord he strives toward self-realization. His set of values evolves from such striving. The criterion for what one cultivates or rejects in himself constitutes the origin of real or neurotic guilt. Then the question to ask is "Is a particular attitude or drive conducive or obstructive to my human growth?" Horney feels that in an autonomous striving toward

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<sup>50</sup>Karen Horney, Neurosis and Human Growth (New York: Norton, 1950).

<sup>51</sup>Ibid., p. 14.

self-realization, one does not need moral laws (inner strait jacket) with which to shackle spontaneity, nor faith or will (the whip of inner dictates) to drive one on to perfection. These restrictions are not needed because they prevent growth. Rather the best way to deal with these destructive forces within oneself is to outgrow them.

Fromm tends to think primarily in terms of the problems of dependency, powerlessness, hostility, with great stress on the development of the self and on the conflict between the need to feel part of a larger unit and the need to be oneself. Man's basic need is the finding of meaning in life. He sees the tension in man arising not from his need for security, as does Horney, but as an escape from freedom and individuality. Every man, by reason of his being (his acculturation), has to acquire the various materials of his culture. If he grows up in a good environment (fortunate circumstances), being given a fair chance to develop his capacities, he will be able to reorganize, work over and recreate these materials to such a degree that he becomes a productive human being.

Fromm believes that man's basic need is to find meaning in his lonely, individuated life. Man can use his unique individual freedom to join his fellow men in the spirit of love to achieve self-fulfillment and develop a better society, or he may retreat from freedom by becoming a slave to an authoritarian society. Fromm rebels against authoritarianism for two reasons: (1) It tends to stifle the productivity of man by relieving him of his personal responsibility. Man is deprived of possibilities to learn a satisfying control of himself; (2) The drive toward expansion of man's power is in continuous revolt

against authoritarianism with consequent subjective feelings of dissatisfaction, anxiety, frustration, and guilt. He discusses guilt by saying:

The internal guilt voice of authority informs a man that he is wasting his powers and dissipating his potentials. The feeling of guilt arising from this source is inevitable. In a sense, man is alienated from his ideal self. He feels guilty for being himself and for not being himself, for being alive and for being an automaton, for being a person and for being a thing.<sup>52</sup>

The man who follows an authority figure, does get a certain amount of self-protection. But he only gains this protection by giving up his individuality and his freedom.

Rejecting the authoritarian ethics, Fromm suggests a humanistic ethics, which requires also a conscience and social regulation, the only distinction being that the authority resides in man himself. Authoritarian ethics defines guilt in terms of disobedience. Under this ethics develop blind submission, mitigated by trust in the love of a superior. This is a withdrawal from constructive love of self and from human responsibility for the destiny of humanity.

The existentialist psychologists believe that man is called to live with the existence of guilt. Throughout his life man remains guilty.<sup>53</sup> This guilt is the ever reminding power of his conscience that tells him that he is failing to carry out the mandate to fulfill

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<sup>52</sup>Eric Fromm, Man for Himself (New York: Rinehart, 1947), p. 158.

<sup>53</sup>Medford Boss, Psychoanalysis and daseinanalysis (New York: Basic Books, 1963), p. 270.

all his inherent possibilities. This inevitable being-in-debt is not a subjective feeling of guilt, but guilt. Rollo May says:

Nor is the guilt exclusively backed up with the religious aspect of this or any patient's experience; we can be as guilty by refusing to accept the anal, genital, or any other corporal aspect of life as the intellectual or spiritual aspects. This understanding of guilt has nothing whatever to do with a judgmental attitude toward the patient. It has only to do with taking the patient's life and experience seriously and with respect.<sup>54</sup>

Existential psychology sees guilt as part of man's being.

Guilt is not something that man has, but something he is because he is a being who does not live up to his potential as a man.

Beliefs in Kindoki are also rooted in the religious-psychological understanding of guilt and responsibility. Observation of any traditional society reveals an apparent lack of guilt feelings. This situation is profoundly influenced by the belief in the capacity of evil spirits or "ancestor-presence"<sup>55</sup> to possess or influence the behaviors of the living persons. Progeniture, belief in a hierarchy of power according to age chronology,<sup>56</sup> adds concretely to the total social reality of collective community-guilt consolidation. The sociological framework reinforces the religious foundation of kindoki. The guilt of a member of the kinship is shared by the whole clan, especially by the elders. This creates the "collective personality,"

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<sup>54</sup>Rollo May, Existence (New York: Basic Books, 1958), p. 54.

<sup>55</sup>I prefer to use "ancestor-presence" instead of the traditional term, ancestral spirit, as in many African cultures the ancestors are not looked upon as ghost spirits, but rather as the departed ones who are still present even though unseen sometimes.

<sup>56</sup>Evan-Pritchard, op. cit., pp. 109-110.



Fatalism, when dealing with God, and projection of guilt become religious components of Kindoki. An "attack by evil spirits" which usually accompanies the explanation of one's queer behaviors is sometimes a true guilt that is not accepted as personal but projected into spirits or other human beings.

Kindoki is also an ethical phenomenon and these beliefs should also be viewed as a religious-psychological quest for the preservation of social norms. As a judicial measure, those accused as Ndoki are warned not to transgress social norms. The task of the therapist is to help the patient realize that at times he is guilty of his behavior which he is projecting on the Ndoki.

What are some of the practical applications that the pastoral counselor could make on the basis of what Freudian and existentialist psychologies offer? No matter what the explanation of the genesis of guilt may be, the psychologist and the theologian recognize that guilt is a reality in men's existential personal experiences, and that guilt is a universal human phenomenon which finds different culture-ontological expressions.

If psychology reminds us that the source of man's guilt is found in his relationship with his parents, his society, his culture, his experiences from being human, theology believes that the standard which is broken and thereby causes guilt is somehow connected with God and His will for man.

This is the theological objective concept of guilt represented in some formulations of therapy in theological perspective, as

expressed by T. Torrance of New College, Edinburgh and quoted by McKenzie:

Objective guilt goes down to the roots of man's existence. His sin takes place within the life-relation which he derives from God. He uses the very life and being which God gives him and maintains in him, even when he sins, to sin against God, and so introduces a contradiction into his being and existence. It is at that level that God opposes him, even when God gives and still regards him as made for God and for communion with God. Hence, deep in man's existence we have this difficult state.

On the one hand, he lives by deriving his being and life from God, and God continues to give Himself to man in spite of his sin. On the other hand, this Self-giving of God to the sinner is the active love of God that counters and opposes the movement of sin in man, his self-will. Hence the opposition to man's sinful motions, or God's judgment upon sin enters as a determining element in the existence of man as estranged from God. Guilt is thus rooted in man's existence, in the divine 'No' to his sin-determined and selfishly oriented existence. This element of guilt is made acute by the pouring out of God's Love in Christ, for now God does not hold Himself back, but actively seeks the sinner for his salvation, and in that involvement the tension of guilt is brought to its most acute point and brought out into the open, hence the Cross.<sup>57</sup>

McKenzie sees that redemption and guilt are realities that have to be linked together if one is to expect healing. This is to say that the Christian counselor needs to regard guilt as meaning that there has been a change in the relationship between God and man; guilt expresses a broken relationship between God and man. Guilt means that sin is not only the transgression of a divine law and the destruction of an order which God has established and sustained, as if it were some impersonal evil belonging to the realms of law and reason, but that sin is the destruction of communion with God,

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<sup>57</sup>John G. McKenzie, Guilt (Nashville: Abingdon Press, 1962), pp. 128-129.

the breaking of the personal link which holds God and man together. True guilt is a result of broken relationships. Paul Tournier observes that:

Thus the true guilt of men comes from the things with which they are reproached by God in their innermost hearts. Only then can they discover what these things are. And they are usually very different from the things which they are reproached by men.<sup>58</sup>

The pastoral counselor does not have to ignore "the functional guilt," which results from some kind of social suggestion, fear of taboos or of losing the love of others. But he is also called to confront man with his relationship to God, so that by accepting his guilt, he can also accept the reality of redemption and God's forgiveness.<sup>59</sup>

Confession can serve as a catharsis. Carl Jung says:

It seems to be a sin in the eyes of nature to hide our insufficiency just as much as to live entirely on our inferior side. There appears to be a conscience in mankind which severely punishes man who does not somehow and sometime, at whatever cost to his pride, cease to defend himself, and instead confess himself fallible and human. Here we find a key to the great significance of true, unstereotyped confession a significance known in all the initiation and mystery cults of the ancient world, as is known by a saying from the Greek mysteries, 'Give up what Thou hast, and Thou wilt receive.'<sup>60</sup>

Man needs not only to confess his true guilt but also to accept the forgiveness of God experienced in the Gospel and in the

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<sup>58</sup>Paul Tournier, Guilt and Grace (New York: Harper & Brothers, 1962), p. 67.

<sup>59</sup>Ibid.

<sup>60</sup>Carl G. Jung, Modern Man in Search of a Soul (New York: Harcourt, Brace, 1933), p. 33.

community of believers. Otherwise he may develop neurotic guilt, especially when he does not recognize the dynamics of his self.

Niebuhr has said:

The inability of Freudianism to comprehend the reality of a free self prompts it to reduce the problem of guilt to the manifestations of neurotic guilt. Neurotic guilt may be defined as the sense of guilt due to fancied violations of arbitrary norms. It has little to do with the sense of a guilt arising from the self violations of norms accepted by it as valid, and validated by the experience of other men.<sup>61</sup>

The neurotic person is self-distorting in defensive manner. He welcomes guilt feelings and is ready to confess. But he is afraid also to be discovered. As someone may detect the mask he wears and the facade under which he lives, he confesses his wrong doings in order to avoid being discovered, but he finds it difficult to accept forgiveness. His actions are motivated more by fear than by conscience, thus, making it almost impossible to accept that he is really guilty. He confesses not to be set free from guilt, but to avoid disapproval. He fears to annoy other people. He fears to destroy the self-image he has portrayed, representing not only the personage he is, but also the group image person he has identified with. His security and well-being are defined in relationship with the other people liking him and approving of what he does. In order to hide how weak, insecure, and helpless he really is, he seeks the opportunities to confess his neurotic guilt feelings before others, in order to receive their words of approval.

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<sup>61</sup>R. Niebuhr, The Self and the Dramas of History (New York: Charles Scribner's Sons, 1935), p. 11.

It is also true that the neurotic adopts self-distorting attitudes as a means of preventing any change from taking place. Self-distorting becomes even a substitute for change. This is what Paul Tillich is saying when he states that "neurosis is the way of avoiding non-being by avoiding being."<sup>62</sup>

Therapy is therefore called to help the person to assume a personal responsibility for his action and to develop dedicated interest in converting his past actions into a new opportunity for growth, liberation, freedom and forgiveness. The awareness of guilt should also help the patient to develop the awareness of God's grace.

Boisen says:

. . .the conviction of sin is the first step in the process of salvation. . . The recognition of difficulty and the desire to do something about it are preconditions of growth and achievement.<sup>63</sup>

Carothers, in his dealing with African patients, has made this observation:

Misfortunes cannot be fortuitous; and when they come, they are known to be directed at oneself. Therefore, to the reasonable anxiety is always added the knowledge of bewitchment, though its source may not be known.<sup>64</sup>

It is true that the fear of sorcery, in chronic patients as well as in frenzied ones, seems to be based less on evidence of its

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<sup>62</sup>Paul Tillich, The Courage to Be (New Haven: Yale University Press, 1952), p. 66.

<sup>63</sup>Anton Boisen, Religion in Crisis and Custom (New York: Harper & Brothers, 1955), p. 207.

<sup>64</sup>J. C. Carothers, "The African Mind in Health and Disease: A Study in Ethnopsychiatry" (Geneva: WHO Monographs, 1953), p. 122.

happening than on an unaccepted knowledge in the patient of wrongs done by himself.<sup>65</sup>

## 2. Dream: Some Psychological Components

(a) Fear. Fear of bewitchment is one of the emotional reactions noticeable in many of the African bewitched patients.<sup>66</sup> Fear of Ndoki and destructive spirits in the universe is a widespread feeling of many people. When talking about fear of bewitchment, many patients have the sensations of cold sweat (kiozi), of fast heart beat (ntima zakama), hair-raising experiences (nsal' a ntu mwangana), fast breathing (ntima finangana), choking sensations (fina) usually felt when dreaming. One is afraid of being choked by Ndoki's hand.<sup>67</sup> Fear of spirits and threatening agents of the outside world, fear of punishment and death, are so vivid, rational (conscious) and widespread that it is difficult to distinguish fear from anxiety,<sup>68</sup> and differentiate between organic complaints caused by physical malfunctioning and organic complaints which are mainly psychological. When one is sick or is facing some personal

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<sup>65</sup>Guilt and shame will be discussed again in Chapter V.

<sup>66</sup>Ibid.

<sup>67</sup>These feelings were common among many Bakongo people interviewed.

<sup>68</sup>Fear and anxiety are used interchangeably in this study, even though I do recognize some characteristics that distinguish fear from anxiety. Anxiety is identified by its free-flowing nature. "Genuine fear, however, if great enough may develop a free-flowing character, while on the other hand anxiety may condense into a phobia and lose its free-flowing quality." (A. H. Leighton and Murphy,

misfortunes, has guilt complex, the fear of being "eaten up" creates painful tension. The problem concerning rational fear and irrational anxiety is that of identifying causes that elucidate the anxiety response. The anxiety-producing agents reported by the bewitched patient may be solely external and/or manifestations of internal conflicts, thoughts, images, fantasies, somatic drives.

The Nigerian Psychiatric research shows that psychoneurotic anxiety was high among patients interviewed and treated: 64% at Aro Hospital and 54% at Bristol Clinic. Field observed a great degree of fear in African patients. She calls it "fear-psychosis,"<sup>68,69</sup> which is accompanied with guilt, aggression, resentment, hostility, etc. Fear feelings create neurotic imagination and the patient is no longer able to notice, observe and accurately interpret events, facts and situations that are occurring inside and outside him. As his senses become influenced by fear, he becomes a victim of imagination and develops hallucinations, panics, delusions.<sup>70</sup>

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Approaches to Cross-Cultural Psychiatry (Ithaca: Cornell University Press, 1966), pp. 56-57. Fear is rational, objective apprehension about a specific threat from the environment. Anxiety is irrational, subjective; it is a fear of the consequences of exposing one's own impulses or instincts. Fear is conscious while anxiety is an unconscious fear of the recurrence of traumatic or panic states. Anxiety is a conditioned fear reaction. H. J. Eysenck, "Classification and the Problem of Diagnosis" in his Handbook of Abnormal Psychology (New York: Basic Books, 1961), p. 21.

<sup>68</sup>Margaret J. Field, Search for Security (Evanston: Northwestern University Press, 1960), pp. 201-274.

<sup>69</sup>The term is too loaded with Western judgement if applied to any patient.

<sup>70</sup>Abraham Low, Mental Health Through Will-Training (Boston: Christopher, 1954), pp. 37ff.

Fear does not only give rise to an anticipated unpleasant feeling, but also sometimes renders the present existential situation unfriendly. This reveals itself usually in the dreams.

As emotional reactions, fear is distinguished from anxiety;

Fear is a reaction to something in the real world; anxiety is a reaction that seems unjustified or out of all proportion to the actual danger that is apparently involved... In anxiety, even though the emotional response itself may be conscious, the situation that arouses it may be completely unconscious... This unconscious anxiety is present constantly as an active dynamic factor in its many pathological reactions. It may contain an anticipated helplessness, worthlessness, humiliation, or injury ... It includes a state of anticipation of disaster or catastrophe, as well as emotions of self-condemnation, guilt, worthlessness...<sup>71</sup>

The dream becomes one of the most vivid channels the dreamer uses to counter-act the unfriendly world or to relive the friendly world he is creating around himself. It is an important means of expressing outwardly the painful feelings that he has repressed. Gestalt therapy on dream work has shown how many dreamers express themselves more openly in their states of dreaming than in normal speech communication.<sup>72, 73</sup> The dream seems to be part of a vital repressed reality of his life. In the dream we have a superb record of our suppressed, unexpressed, or what William James calls abandoned or murdered selves. Erickson affirms it by saying that our negative

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<sup>71</sup>A. Maslow and B. H. Helmann, Principles of Abnormal Psychology (New York: Harper & Brothers, 1951), p. 30.

<sup>72</sup>F. Perls, R. Hefferline, and P. Goodman, Gestalt Therapy (New York: Delta, 1951), p. 51.

<sup>73</sup>F. Perls, Gestalt Verbatim (Lafayette, Ca.: Real People Press, 1969), pp. 73-279.



identity "hunts us at night," through dreams.<sup>74</sup>

"A sleeping mind" becomes the meeting ground of messages, wishes, retro and precognitions. Warnings, visions, and hallucinations take place. Dreams become, therefore, for the African prognostic signs reflecting (a) the forces of the outside world involving the dreamer, and (b) the dreamer's anxiety about the environment's attitudes toward his deeds and behaviors.

(b) Anger. The dream is also a channel the dreamer uses to act out his anger toward those he hates and loves. It is a means of discharging one's emotions that have not been expressed. The African community structure and social ethics do not tolerate a direct expression of anger toward a member of the clan. To tell somebody openly and directly that you hate him or that you love him is usually a symbol of pride or a sign of insanity. Expressing anger becomes, to a great degree, "the missing part of the personality"<sup>75</sup> of the patient which he expresses in his dreams, in the reversible symbolic language of being attacked, persecuted by a Ndoki. The feeling of being attacked reflects the existential situation of what has been denied to the patient in his personality development.

In dreams connected with beliefs in Kindoki, the patient's

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<sup>74</sup>Erik Erikson, Identity: Youth and Crisis (New York: Norton, 1967), p. 22. Also see pp. 196-204 for his discussion on Freud's dream on Irma.

<sup>75</sup>Ibid., p. 70.

reversible angry feelings are means of cognition. He uses them to create an awareness of his own concern for his organismic and psychic unique existence. They can lead the patient to move from the way the world has been treating him to the way he wants to treat himself.

(c) Phantasies and Imaginations. Dreaming is a feeling expressing mechanism. And feelings are a translation of physical impressions that the body has communicated to the brain cells. These impressions are perceived, felt, sensed and communicated to the brain cells. As the human organism is in touch with the environment, there is formation of perception, which creates images and feelings of emotions.

In a pathological response, imagination becomes distorted. It loses its creative power. It becomes a world of mental confusion. The individual is incapable of looking at the world with his healthy eyes.

(d) Suggestion and Human Response. In the previous chapter the place occupied by Nommo, the word, in the African ill-becoming and health-becoming processes was discussed. A suggestive word, pronounced in the form of a curse, is usually perceived by a weakened ego victim as a reality. The outside message, received as sensations, is communicated to the brain as a reality. As it is affirmed, the brain, which exercises a quasi-dictatorial influence over the body, transmits the message to the body, commanding it to

obey the announced reality.<sup>76</sup>

Father Schweizer working in the Kwang-Kwilu area relates the following incident which illustrates the power of suggestion

We were preparing students for baptism and their first communion. Among the communicants was a fifth grader who had followed the instructions well. As I always saw him with the same worn pants, and as I knew that his family was poor I decided to give him a new pair for his first communion. At the end of class I gave him the pants and the boy returned to the village contented. Two days after he had returned to prepare for the communion he came to my house and I understood immediately that something was wrong. He began to tremble before me and said, 'Father, things are no longer good with me. I no longer sleep. I don't know what's wrong but everybody accuses me of having done something wrong and I don't know what people want to say.' Underneath, I think he was afraid because he accepted the pants. He was convinced I wanted to kill him; in his heart I had given the gift only to kill him. His father, mother, uncles and other children told him he had to return the pants. After he had explained his whole story, I talked with him quietly. The days following that he didn't enter the yard and I found the famous pants on the fence. He had left them and didn't come back any more.<sup>77</sup>

Congolese think that white men, even missionaries, buy men by means of white sorcery to make slaves of them or sell them in their countries. To accept a gift from a white man is to run the risk of dying. The case illustrates the power of tradition and suggestion on the mind and body of man. For certain people suggestion becomes reality. But it has been observed that it is also rare to find a person with a strong ego to be hypnotised by suggestion. Isn't it true that the most destructive Kindoki is often that which man

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<sup>76</sup>Pierre Dacco, Les Prodigieuses Victoires de la Psychologie Moderne (Verviers: Gerard, 1959).

<sup>77</sup>Quoted in Dieu, Idoles et Sorcellerie dans la region Kwango Bas-Kwilu (Bandundu: Centre d' Etudes ethnologique), pp. 120-121.

creates because of false belief, phantasies, false imaginations, a split personality? One sees life through the lense of another world, which is often illusory and hallucinatory. Many of the acts of Kindoki can result from the power of thought, hypnotism, and the suggestability of the subject. However it is almost impossible to see as Ndoki who bewitches and hypnotizes a courageous individual. This fact shows that at the moment a man loses his ability to be himself he becomes susceptible to accepting a suggestion completely as a reality applicable to his own life and the situation in which he finds himself at any given moment. Introduced in the mind, the idea is accepted and exists as a living reality, exerting influence upon him.

#### CASE STUDY NO. 1

##### Hallucinatory delusions

The following case serves as practical illustration in the interdependence of factors underlying beliefs in Kindoki and illness. Case studies were mostly collected by the author during his field research. They are going to be used for the following reasons. First, they are intended to give the reader some practical examples of the African thinking about illness and health. They provide some of the factors which are supposed to determine the nature of illness and diagnosis, and some factors which are used in traditional therapeutic processes. Second, these cases are presented because they provide other possible factors in psychosocial

pathologies that are sometimes overlooked in traditional psychotherapies. Case studies are presented in the framework of traditional diagnosis which relies heavily on cultural symbolism and in the author's framework of Global Psychotherapy in order to get feedback from other psychotherapists who are involved in cross-cultural psychiatry and pastoral psychology. Third, these case studies illustrate some of the difficulties as well as the importance of taking into account cultural symbolisms, if not in the therapist's diagnostic attempts, at least in the immediate treatment plan.

Jean-Vincent is sick and bed-ridden: he complains of hallucinations and violent stomach pains. The doctor made all possible laboratory and x-ray exams. Not finding any pathological problem he suggested an exploratory operation. Jean-Vincent was afraid of the operation; he did not believe he would come out of it alive. He believed himself to be in the hands of an Ndoki who would never give him his life. Here are some excerpts from our conversation.<sup>78</sup>

Jean: I work in Kinshasa, but I have been suffering from these stomach pains for two years. I have already visited many doctors and healing prophets, but haven't received any help . . . I am afraid at night.

Therapist: What are you afraid of during the night?

Jean-Vincent: I am afraid when I sleep. I pity my wife who has to watch for me. She is pregnant, but she has to suffer because of me.

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<sup>78</sup>Jean is the author.

Therapist: Jean, what do you see that makes you be afraid when you sleep?

Jean: I have hallucinations which really frighten me. I see all sorts of people who follow me and want me to die. When I tremble and scream in my sleep to save myself, my wife can't sleep.

Therapist: Can you recognize some of the people who follow you?

Jean: I recognize Antoinette. I don't know where she is or what she is doing now.

Therapist: Where was she and what was she doing when you first met her?

Jean: She was my mistress in Kinshasa. Antoinette was not the only woman I knew. But I lived with her for five years. I didn't love her very much, but I didn't know what else to do. I had to satisfy my physical needs. When I saw that she wasn't faithful I told her that I was thinking of going to the village to get married. She became unhappy. She said to me, "Jean-Vincent, if you marry a woman with a physical build similar to mine you will not live very long." Unfortunately I could not change my mind. I went to the village and got married. But the first night that I stayed with my wife a dozen other women slept by my side. It was a dream, but a very vivid one. It appeared like reality. I screamed and my wife was afraid. From that day I began to suffer from the sickness. When I am at the house, I can't sleep. I see women accompanied by an old man and they follow me. They want to kill me. I am afraid. For that reason I have decided to talk to you so that you can chase away these spirits. I am not a Christian, but I have heard that the Christian God is powerful. Someone told me that the prayer of the pastor can protect someone like me from the power of the Ndoki. . ."

This was a cathartic confession. It was the first time

Jean-Vincent told anyone of his inner struggles. His unatoned guilt which resulted from previous affairs and present wish and fear of still being unfaithful to his wife developed paranoid symptoms with pain and delusions. The old man in the dream was not only the symbol of Ndoki being sent by his previous concubine, but the representation

of self-punishment resulting from guilt toward his wishes of being unfaithful to his wife and the fear of being discovered.

The next day, Jean-Vincent, in my presence and by his own initiative and invitation, confessed to his wife. An atmosphere of relief and acceptance was present, and confession became not only a "corrective experience," to use Mowrer's term,<sup>79</sup> but also a self-discovery experience, realizing for the first time how much he created his own feelings of persecution in the dream and his psychosomatic symptoms.

When advised of the anxiety state in Jean-Vincent, the doctor agreed not to perform the operation and to administer proper drugs for his illness. After a few weeks of private and conjoint therapy with his wife, Jean-Vincent's hallucinations and his neurotic fear and stomach pains disappeared completely. He started organizing his life not around guilt and hypnotic suggestions, but around forgiveness and a sense of personal autonomy and positive new relationship he experienced with his wife.

(e) Man, His Dream and His Psyche Ghosts. Man is a complex of unbelievable contradictions. The dream work in therapy points to the reality of the split personality which is due, above all, to contradictions between personal wishes and social demands on the individual. The individual is sometimes conforming to the society

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<sup>79</sup>Mowrer, op. cit., p. 30.

when he is unconsciously rebelling against his performance and against society. These inner unconscious conflicts, along with those situations that have been repressed are relived at night in the form of dreams and hallucinations. Modern studies in neurophysiology and Psi studies seem to be confirming the fact that the sleep state is a world in which the individual feels free to express his thoughts without much inhibitions. Raul Hernandez, Peron of Mexico says

... the brain is quantitatively more inhibited during wakefulness than during sleep, reaching a maximal degree of inhibition during extreme alertness or emotional excitement.<sup>80</sup>

This lack of inhibition experienced during sleep facilitates man's re-enacting, reliving the most important 90% of feelings, thoughts, images, suggestions, fears, guilt. . . he has stored in his unconscious. During sleep, the unconscious wakes up and starts acting like a second person, pointing to the individual of his past, present or future imagined thoughts and events that have been repressed because of his being unable to deal with them positively. This repressed life is relived as a reality of the moment.

The dream is an evidence which demonstrates that impressions of events and thoughts on the human brain are never destroyed. Forgetfulness is but an apparent reality. It only requires another significant similar event of thought to pressure its resurrection. These resurrectional thoughts and events sometimes appear so strange

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<sup>80</sup>Raul Hernandez-Peron, "A Unitary Neurophysiological Model of Hypnosis, Dreams, Hallucinations and ESP," in Roberto Cavanna and Ullmann (eds.) Psi and Altered States of Consciousness (New York: Psychological Foundation, 1968).



to the human mind that the dreamer sees them as ghosts percecuting him, when in reality, they are sometimes his own thoughts and wishes.

Karl Jung says that

Part of the unconscious consists of a multiple of temporarily obscured thoughts, impressions, and images that, in spite of being lost, continue to influence our conscious minds.<sup>81</sup>

These psychic ghosts manifest themselves in the unconscious as follows:

It happens during sleep which appears like a change in the functioning of nervous centers. Here comes night. The human being is asleep. His conscious disappears. His super-ego shades off. Censorship looses itself. Man is asleep and he returns to his instinctive sources. The impulses of subconscious present themselves at the customs office of super-ego. But the customs-officers are gone, and the gendorms are playing cards. The impulsions are whispering without making noise... A procession of images are formed in the human mind at which the sleeping person assists.<sup>82</sup>

These images are the re-appearance of lived, suggested, heard, imagined thoughts and events which have been repressed or pushed into the unconscious. The unconscious, in the dream form, plays the mission of preserving or restoring the equilibrium of the individual. Dreams become, therefore, means by which man fights for his survival. The unconscious, acting as a strange second person in the individual, says to the ego "This is what you need to do in order to reconstruct your situation, or to satisfy your needs."

Dreams have served, throughout history and to few people, as

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<sup>81</sup>Karl G. Jung, (ed.) Man and His Symbols (New York: Doubleday, 1969).

<sup>82</sup>Daco, op. cit., p. 17.

revolutionary events that have changed the course of many lives. For the African, "a dream is never accidental; it always has a role to play. It can give information concerning the future or communicate to the living the will of the dead."<sup>83</sup> The African considers dreams as "an important means of communication."<sup>84</sup> In traditional Africa, dreams were precognition; they represented maledictions which are to happen or benedictions that man is to encounter. Dreams communicate to the individual real messages in order to reconstruct human behavior or responses in order to find satisfaction. There follows three illustrations.

#### CASE STUDY NO. 2

Mambote had lost two of his older brothers.<sup>85</sup> One died of sleeping sickness. In 1965 his other brother was killed by thunder. He reported that he was dreaming a lot and was unable to sleep. He lost weight. He joined a religious healing movement which helped him to deal with his problems. At night in a dream, he said, his money was taken by an elder in the village. He did not reveal his name, but he knew who he was. He said that in the morning every time he had that dream he found that all his money was taken out of his savings drawer. He then said that his elder maternal uncle did not want him

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<sup>83</sup>Guy De Flaen, "Role social de la Magie et de la Sorcellerie Chez les Bayanzi" Cahiers Economiques et Sociaux, VI:2 (1960), 215.

<sup>84</sup>Colloque Sur les Religions Africaines (Paris: Presence Africaine, 1962), p. 39.

<sup>85</sup>First interview on December 20, 1966.

to be prosperous because he had a son who was still in school. He accused him of even willing him to die.

After several counseling sessions, it appeared that Mambote only had the "losing money dream" the night following heavy drinking with his friends and prostitutes. He spent a lot of money, if not all of it. While drunk, he signed bills for which he received no merchandise. When he regained consciousness and saw a person requesting that the bill be paid, he accused his maternal uncle of stealing his signature and taking the merchandise in order to make him suffer. He went to his house with no conscience at all. In the morning he recollected his dreams and found that his maternal uncle "who did not want me to be better than his son, wanted to kill me." This maternal uncle is the oldest of the clan and tensions had occurred when he was not allowed the traditional privilege of controlling and distributing the property of young matrilineage members to the rest of the clan. As he complained of not exercising this traditional power, Mambote was afraid and felt that he would suffer from the power of bewitchment.

Man uses dreams as defense mechanisms and Kindoki which is a symbolic form of delusions of persecution is but a reinforcement of this defensive mechanism. Faced with an anxiety-producing situation, unconsciously man chooses Kindoki as a security plate for protection and justification, rather than accept weakness as part of human personality. He creates aggression to cover the feelings of hopelessness.

## CASE STUDY NO. 3

Bernadette Nsona<sup>86</sup> is about 38 years of age. She has one teen-age daughter, Marie Maku. She seems schizophrenic. She is socially withdrawn and suffers from severe insomnia and hallucinations. She can cry for days without any apparent reason.

She believes that she is "a thing" because she is incapable of giving birth to more than one child. Before her acute mental disorder, which occurred in early 1966, B. Nsona had sexual intercourse with another man as a means of proving to her husband that she was able to give birth to children and could be loved by another man. At the time her husband was a patient at a church-run leprosarium. As her sexual activities with another man were known to the other people, the administrative staff of the leprosarium kicked the couple out of the community. Bernadette Nsona felt rejected and defeated as she was unable to give birth to children even with the other man.<sup>87</sup>

Bernadette Nsona feels guilty for her acts and for not being productive. She is unable to do any work in the home. She feels so sick that she cannot have sexual intercourse with her husband.

Marie Maku has left school in order to take care of her mother. She has become so involved in cooking, cleaning the house, taking care of the gardens, taking care of some needs of her father,

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<sup>86</sup>First interview on May 2, 1968.

<sup>87</sup>I recommended medical examinations for Nsona and her husband and the results proved that they were both biologically capable of having children.

that she threatens her mother. She is seen by Nsona in her dreams having sexual intercourse with her father. She appears in the dreams as the "agent" producing sickness.

Bernadette Nsona has ambivalent feelings toward her daughter. She feels sorry for her because of her leaving school in order to take care of "an unproductive mother like me." But she is also angry toward her because she has assumed her roles of mother and wife. She has feelings of hate and love which she projected defensively in Kindoki symbolic form.

After a conjoint family therapy session,<sup>88</sup> Marie Maku went back to school and a feeling of rivalry disappeared. Nsona resumed socializing with others and functioning to a certain degree as wife and mother. She defended herself by making herself very sick. She used the dreams as means of fighting her own acts.

#### CASE STUDY NO. 4

Katomba,<sup>89</sup> a married theological student, told of three dreams in which the theme of being attacked by beasts was common. In one of the dreams which he had three successive nights, he saw himself back in his region hunting lions which tried to kill him.

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<sup>88</sup>A physical examination revealed no lesion in the brain or any other impairment. She was on tranquilizers for two years. Even though she never resumed complete normality, she, however, became quite responsible again in her home and the community.

<sup>89</sup>First interview, April 1969.

Fortunately he was able to save himself. But the last night he had the same dream, and after running away from the lion, on his way he saw a beautiful giraffe crossing the road. He went closer to the animal, touching its skin and admiring its long neck. Three of his friends, whose faces he did not recognize, came by. One friend approached the giraffe to admire it. The giraffe became violent and attacked Katomba. His friends ran away, leaving him alone fighting with the beast. After a few minutes of fighting, the animal ran away and Katomba went home.

Using the Gestalt method of dream work, Katomba identified himself in the present existential situation with the lions, the giraffe, the friend who played with the animal. The giraffe represented his wife whom he suspected of being seduced by another student of his region. The three lions represented his church, his pastor and his kinship "who will never accept my divorcing this wife." The gun he carried as the hunter in the dream represented his hostility. He appeared violent in re-enacting the dream, which was a sign of conscious or unconscious wishes of attacking and even killing his enemy.

A palaver group therapy with his wife, the suspected student and some other students from his region was scheduled for the next day and a contract was made that by one of his friends accompany him everywhere he was until the therapy session. The next day, after the chapel service, word came that Katomba had struck the suspected student with a knife he was carrying in his pocket. When he was seen by the

author he was in a state of confusion. He could not believe and accept his bad performance. "But I know now that I did it, I did it," he said and cried.

Katomba was being warned in the dream to be careful to control what unconsciously he was planning to do. Many crises could be avoided if man was able to analyze and obey the second person who talks to him in a dream form. Karl Jung says:

The general function of dreams is to try to restore our psychological balance by producing dream material that re-establishes, in a subtle way, the total psychic equilibrium. This is what I call the complementary (or compensatory) role of dreams in our psychic make up. It explains why people who have unrealistic ideas or too high opinions of themselves, or who make grandiose plans out of proportion to their real capacities, have dreams of flying or falling. The dream compensates for the deficiencies of their personalities, and at the same time warns them of the dangers in their present course... Dreams may sometimes announce certain situations long before they actually happen. This is not necessarily a miracle or a form of precognition. Many crises in our lives have a long unconscious history. We move toward through step by step, unaware of the dangers that are accumulating. But what we consciously fail to see is frequently perceived by our unconscious, which can pass the information on through dreams.<sup>90</sup>

The dream is a language in itself that can enrich man's conscience, for it communicates the forgotten language of the instincts<sup>91</sup>; it is the most spontaneous expression of man.<sup>92</sup> The dream can be the expression both of the lowest and most irrational and the highest and most valuable functions of human mind.<sup>93</sup>

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<sup>90</sup> Jung, *Man and His Symbols*, op. cit., pp. 50-51.

<sup>91</sup> Ibid., p. 52.

<sup>92</sup> Perls, Gestalt Verbatim, pp. 66-67.

<sup>93</sup> See Erich Fromm, The Forgotten Language (New York: Holt, Rinehart and Winston, 1951).

(f) Some Limitations of Dream Analysis. Dream analysis as a diagnostic method is a valuable tool, but it has its limitations, especially when it is used in the therapeutic process with the bewitched patients. The dream is a passive re-activation of a past event, a dramatization of a repressed wish, a representation of the world the dreamer is in contact with. The dream presents the cosmic as well as the personal dimension of the symbolic event which the dreamer is living. The dream as a symbol of hidden realities, has two possible dimensions on which the meanings should be explored, phenomenological and the exegetical dimensions.

The exegetical dimension of dream interpretation involves the exploration of culturally accepted meanings represented in various components (or units) making the dream.<sup>94</sup> The exegetical offers the interpretations that have been handed down from the ancestors, the interpretations offered by the Nganga, members of the clan and by the bewitched patients. The exegetical is the universal (popular) arena of interpretations. The exegetical is necessary, but it has the tendency to explain the dream in the absolute meanings of the dream components. Karl Jung recognized this tendency when he said:

No dream can be separated from the individual who dreams it, and there is no definite or straightforward interpretation of any dream. Each individual varies so much in the way that his unconscious complements or compensates his conscious mind that it is impossible to be sure how far dreams and their symbols can be classified at all.<sup>95</sup>

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<sup>94</sup>See Appendix No. 4.

<sup>95</sup>Jung, Man and His Symbols, p. 53.



The phenomenological dimension of dream interpretation involves the process of setting various components of the dream into the existential situation of the bewitched patient. It is an effort of moving from the exegetical to the psychic meaning of dream symbolism. It is an attempt to move from the universal to the personal, from aggression to maturation, by converting the dream into the present tense. Two problems arise: (a) the individual's interpretations which follow the cultural exegetical meanings handicap the bewitched to consider other possible explanations; (b) the conversion of the dream into the present tense as a projective method for the assessment of personality, is so direct that psychoneurotic patient builds up defenses,<sup>96, 97</sup> preventing him from taking off his masks.

#### F. Kindoki in its Psychophysiological Setting

Beliefs in Kindoki provide a well defined socio-cultural interpretation of organismic response to physiological disturbances.<sup>98</sup> These disturbances may be due to neurogenic and glandular factors which influence not only various peripheral organs responding to stimuli and excitement, but also the brain, the whole man. Scientific

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<sup>96</sup>Clark E. Moustakas (ed.) The Self (New York: Harper & Brothers, 1956), p. 29.

<sup>97</sup>Gordon Allport, in Ibid., p. 29.

<sup>98</sup>Albert F. Ax, "Physiological Differentiation Between Fear and Anger in Humans," Journal of Psychosomatic Medicine, XV (1953), 433.

studies have attempted to show that their increased secretion of adrenalin is usually accompanied by anger.<sup>99</sup> Thus, the whole body is responding to a certain threat, whatever it may be, in order to seek means of self-preservation. A physiological disturbance is interpreted within the framework of beliefs in Kindoki. It is obvious that this interpretation seems logical as one can observe an increase of dreams when a patient's physiology is disturbed.

Trying to seek the correlation between carbohydrate metabolism and emotional tendencies in two cases of diabetis mellitus, A. Myer, L. Bollneier and F. Alexander, observed that there was an increase of dreams and anxiety in their patient with an increased amount of sugar in his organism.

Since dreams are an expression of emotional life during sleep, we tried to compare the emotional content of the dreams in the nights of the highest sugar level with dreams of nights when the sugar output was low. In five nights, 65 grams of sugar were eliminated out of a total of 190 of sugar ingested. This means that one third of the sugar occurred during the night. The dream contents during these five nights indicated a high sexual tension, together with hostile feelings toward competitors. In five nights in which the sugar output was low we had a total of 4.4 grams, while the sugar output of those five nights and days together was 86 grams. The dreams during these five nights of low sugar content expressed regression to passivity and playfulness, and the absence of sexual wishes.<sup>100</sup>

Gastro-intestinal disturbances seem to be accompanied by tendencies toward delusions of persecution. F. Alexander and William

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<sup>99</sup>A critical view of cultural symbolism in Kindoki beliefs is presented in the concluding notes of Chapter V.

<sup>100</sup>"Correlation Between Emotions and Carbohydrate Metabolism in Two Cases of Diabetis Mellitus" in F. Alexander and T. M. French Studies in Psychosomatic Medicine (New York: Ronald Press, 1948), p. 396.

Menninger make the following observation:

During the study of psychorganic factors involved in gastro-intestinal disturbances in the Chicago Institute of Psychoanalysis, it was noted by several members of the staff that in some cases suffering from chronic constipation marked paranoid tendencies were frequent. These patients go further in their misinterpretation of the environment's attitudes than do the depressed cases; whereas these latter are content to believe that nobody loves them, that nobody gives them anything of value, the paranoid cases maintain not only that what people give them is of no value, but that on the contrary, it is harmful, that their food is poisoned...<sup>101</sup>

Alexander and Menninger remark also that their dream symbolism refers to tendencies of patients in attacking and soiling others. Even though this author does not particularly agree with their interpretation, mainly in connection with the African bewitched patients, there are evidences based on personal observations of bewitched patients who suffered from disturbances of the vegetative system which play the dreams' drama of delusions of persecution. Physical effects of gastro-intestinal disturbances become the medium through which individual's distorted perceptions and socio-cultural pathologies are expressed clearly. Lambo and Leighton report in their psychiatric disorder study among the Yoruba<sup>102</sup> many patients at Aro Hospital with delusions auditory and hallucinatory visions

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<sup>101</sup>Ibid., p. 193.

<sup>102</sup>Alexander & Menninger conclude: "The frequent constipation of patients suffering from persecutory delusions is mainly conditioned by their conflict about anal sadistic tendencies which they deny and project. Their frequent depreciatory attitude and delusions about their food is another manifestation of the projection of their anal sadistic impulses. Ibid., p. 205.

who were also suffering from gastrointestinal (75%), cardiovascular (32%), genito-urinary (34%), skin (14%) and body sensations (22%) disorders.<sup>103</sup> There were many psychophysiological cases which were connected with worms infecting the gastrointestinal tract.

A 35-year-old in a village... explained his many problems as due to a worm which lived inside of him and wandered about from one part to his body to another.

This might have been a delusion, but we were able to satisfy ourselves that it was in harmony with widespread belief. Indeed, after seeing cases of Guinea worm, we were inclined to consider this a reasonable enough explanation to be offered by anyone with his kind of sensations.<sup>104, 105</sup>

The correlation between physiological dispositions and psychic responses indicate the unitary aspect of the human organism. The dichotomy between soma and psyche that has invaded modern medicine is in opposition to human organism and to the African wholistic understanding of illness, even though sickness seems to be heavily interpreted in terms of broken interpersonal relationships. Dr. Lambo expresses this view:

Concepts of health within the framework of African culture are far more social than biological. In the mind of the African, there is a more unitary concept of psychosomatic interrelationship, that is, an apparent reciprocity between mind and matter. Health is not an isolated phenomenon but part of the entire magico-religious fabric; it is more than absence of disease.<sup>106</sup>

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<sup>103</sup>Ibid., p. 136.

<sup>104</sup>Ibid., p. 121.

<sup>105</sup>See Tables 3 and 4 on the following pages.

<sup>106</sup>T. A. Lambo, "Patterns of Psychiatric Care in Developing African Countries," in Arikiev (ed.) Magic, Faith and Healing (New York: Free Press, 1951), p. 446.

TABLE 3

PSYCHIATRIC PATTERN IN AFRICAN PATIENTS: A STUDY OF THE YORUBA<sup>107</sup>  
 Current symptom patterns surveyed respondents, Yoruba villages and  
 Abeakuta.<sup>108, 109</sup>

|                            | Village |    | Abeakuta |    |
|----------------------------|---------|----|----------|----|
| Number of respondents      | 262     |    | 64       |    |
| Symptom patterns           |         |    |          |    |
| Psychophysilogic           | 81%     |    | 95%      |    |
| Gastrointestinal           |         | 42 |          | 50 |
| Musculoskeletal            |         | 34 |          | 52 |
| Cardiovascular             |         | 20 |          | 33 |
| Headaches                  |         | 42 |          | 55 |
| Respiratory                |         | 9  |          | 16 |
| Genitourinary              |         | 24 |          | 47 |
| Skin                       |         | 18 |          | 28 |
| Endocrine                  |         | 3  |          | -  |
| Overweight                 |         | *  |          | -  |
| Subjective body sensations |         | 38 |          | 41 |
| Psychoneurotic             | 71%     |    | 77%      |    |
| Anxiety                    |         | 27 |          | 36 |
| Depressive                 |         | 30 |          | 27 |
| Hypochondriacal            |         | -  |          | -  |
| Other                      |         | 53 |          | 61 |
| Personality Disorder       | 7%      |    | --       |    |
| Passive-aggressive         |         | 3  |          | -  |
| Emotionally unstable       |         | 2  |          | -  |
| Compulsive                 |         | -  |          | -  |
| Inadequate                 |         | *  |          | -  |
| Other                      |         | 3  |          | -  |
| Sociopathic behavior       | 2%      |    | --       |    |
| Alcohol                    |         | 2  |          | -  |
| Dyssocial                  |         | -  |          | -  |
| Antisocial                 |         | 1  |          | -  |
| Drug addiction             |         | -  |          | -  |

<sup>107</sup>This study was conducted by Dr. Lambo, Leighton and Assoc.

<sup>108</sup>The original table compared the Nigerian patients and the Stirling County patients in Alaska. As I am not dealing with Cross-Cultural psychiatry in this study, I omitted the Stirling County figures.

<sup>109</sup>A. H. Leighton, et. al. Psychiatric Disorder Among The Yoruba (Ithaca: Cornell University Press, 1963), pp. 130-131.

\* More than zero but less than 0.5 per cent.

TABLE 3 (cont.)

|                   |    |    |   |
|-------------------|----|----|---|
| Mental deficiency | 2% | -- |   |
| Psychosis         | 2% | -- |   |
| Affective         | -  |    | - |
| Schizophrenic     | 1  |    | - |
| Other             | *  |    | - |
| Brain syndrome    | 5% | 8% |   |
| Chronic           | 5  |    | 6 |
| Convulsive        | 1  |    | 3 |
| Other             | -  |    | 2 |

TABLE 4

CURRENT DETAILED SYMPTOM PATTERNS OF ARO HOSPITAL PATIENTS<sup>110, 111</sup>

|                                 | <u>Aro Hospital</u> |
|---------------------------------|---------------------|
| <u>Number of respondents</u>    | <u>59</u>           |
| Symptom patterns <sup>112</sup> |                     |
| Psychophysilogic                |                     |
| Gastrointestinal                | 75%                 |
| Musculoskeletal                 | 15                  |
| Cardiovascular                  | 32                  |
| Headache                        | 68                  |
| Respiratory                     | 8                   |
| Genitourinary                   | 34                  |
| Skin                            | 14                  |
| Endocrine                       | 2                   |
| Subjective body sensations      | 22                  |
| Psychoneurotic                  |                     |
| Anxiety                         | 64                  |
| Brain fag                       | 5                   |
| Depressive                      | 53                  |
| Phobic                          | -                   |
| Obsessive-compulsive            | 2                   |
| Conversion                      | -                   |

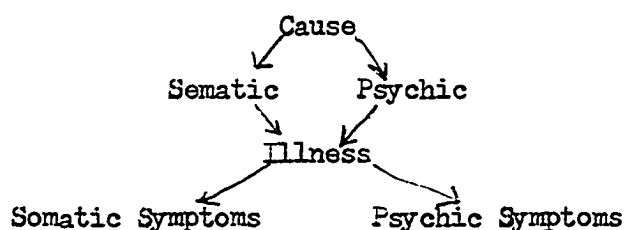
<sup>110</sup>Ibid., pp. 136-137.<sup>111</sup>The original table made a comparison between the Aro Hospital and the Bristol patients.<sup>112</sup>These terms are used by Lambo, Leighton and associates as descriptive and not diagnostic.

TABLE 4 (cont.)

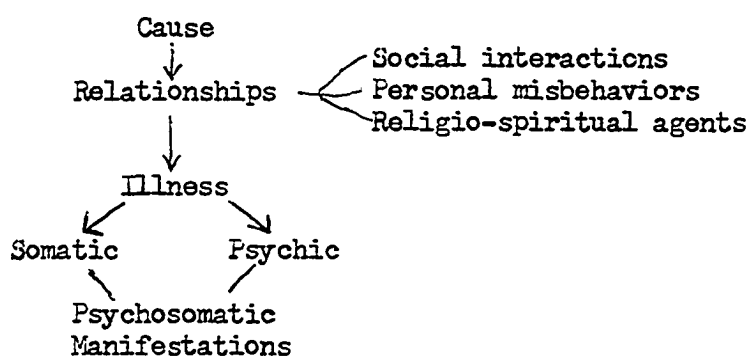
|                               | <u>Aro Hospital</u> |
|-------------------------------|---------------------|
| Psychoneurotic                |                     |
| Dissociative                  | -                   |
| Other                         | 49                  |
| Paranoid                      | 12                  |
| Personality disorder          |                     |
| Passive-aggressive            | -                   |
| Emotionally unstable          | 3                   |
| Compulsive                    | 2                   |
| Inadequate                    | -                   |
| Schizoid                      | 3                   |
| Paranoid                      | 3                   |
| Other                         | 7                   |
| Sociopathic behavior          |                     |
| Alcoholic                     | 5                   |
| Dyssocial                     | 2                   |
| Antisocial                    | -                   |
| Sex deviation                 | -                   |
| Drug addiction                | -                   |
| Psychosis                     |                     |
| Affective (mainly depressive) | 7                   |
| Schizophrenic                 | 32                  |
| Excitement                    | 14                  |
| Paranoid                      | 12                  |
| Other                         | 17                  |
| Brain syndrome                |                     |
| Chronic                       | 3                   |
| Acute                         | 2                   |
| Epileptic                     | 8                   |

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Modern concepts of illness seem to point to the fact that illness is a reaction of the total human organism, and its origin may be somatic or psychic.



The African concept of illness points to the fact that illness is a foreign agent to the human organism. Its cause is to be found in broken relationships which permit the outside destructive agent (microbes, spirits) to penetrate and attempt to destroy the organism. Man is aware of this power by somatic and psychic symptoms he experiences.



To the African the psyche is not only the domain of mental activities, but also the extension of the somatic, the spiritual and relational interactions and inter-activities. Thus, to speak of a purely somatic illness is unthinkable, at least in the traditional African societies. Illness, which is generalized in the organism, is always spiritualized in diagnosing it.

Traditional healing and therapeutic methods were directed toward global healing by detecting broken relationships which have



fascilitated the introduction of foreign agents in the patient. The treatment of the symptom (the body) alone in the traditional treatment could only provide ephemeral results. Beliefs in Kindoki provide but a diagnostic language toward illness and disease. An atomistic origin of illness should not overshadow the relational interpretation as causing the whole person to suffer. A mother whose child suffers from anemia (problem-to-be-solved) should be helped to deal with the relational problem (basic-problem) she brings in her diagnosing the illness. Broken relationships should be considered as having effects on the individual.

Helen Perlman talks about "basic problems" and "problems-to-be-solved."<sup>113</sup> A problem-to-be-solved, she says, is usually superimposed upon a "basic problem" but the close proximity should not conceal from us that two different kinds of problems are involved, and that each calls for its own treatment techniques. An individual who has a chronic bronchitis may have some psychic disorders. To treat him successfully it is necessary to recognize that he has two separate problems, each of which has its unique characteristics requiring distinctive techniques of treatment.

In an article Ronald Frankenberg says:

If Western medicine can cure the sickness, the fact that the disease was accompanied by marital unfaithfulness and a dispute with one's mother's brother over inheritance can be borne. If a spirit dance demonstrates the solidarity of kin and community and

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<sup>113</sup>Helen Perlman, Social Casework (Chicago: University of Chicago Press, 1957), p. 32.

provides of roots and affines, than the continuation of the symptoms no longer seems intolerable. If the fortunate Lusaka townsmen can deal with social and physiological problems simultaneously by manipulating both systems, so much the better.

Once the symptoms have been socially recognized, both a disease and a sick person exist, and they exist within a social situation. Essentially, therapeutic efforts must be directed towards changing or removing the situation. The essential difference between Western and traditional medicine can be stated at its most extreme by saying that Western trained doctors see disease as causing the situation. <sup>114</sup> The traditional healer sees the situation as causing the disease.

Both approaches should be integrated in order to move toward possible global therapy. Traditional healing methods consider medication as only a minor part in therapy. The total organism needed to get in contact not only with medication but also with other human relationships. Beliefs in Kindoki provided this global therapy.

#### G. Kindoki in its Parapsychic (or the Psi) Setting

Many phenomena which are diagnosed in terms of beliefs in Kindoki are similar to the parapsychic phenomena. Many bewitched patients have claimed to have perceived information through means other than the five human common senses. This is what is known as extra-sensory perception - ESP. Even though the ability of perceiving the sender of the message has been, in many African societies, the privilege of diviners, extra-sensory powers seem to have been the prerogative of almost every African of the past. There are many evidences of messages perceived by a patient and identified by the

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<sup>114</sup> Ronald Frankenberg, "Man, Society and Health: Towards the Definition of the Role of Sociology in the Development of Zambia Medicine," African Social Research (December 1969), 581.

diviner that have been accepted by the identified sender.

Besides extra-sensory perception, an aspect of the Psi kind of communication, parapsychology recognizes also the evidences of the manipulation of matter by the human mind alone. This is what is known as psychokinesis - PK. There are many stories in Africa in which objects, such as trees, rocks and animals, were influenced by the human mind. Vampirism and lycanthropy seem to fall into the PK category of the Psi. This supports a view of the cosmos in which matter and mind (or spirit) are entities of the same world.

Three types of ESP have been so far recognized:

(a) Clarevoyance is the ESP of objects or events here and now which is common not only among diviners, but also among common Africans.

(b) Precognition is the ESP of future events, while retro-cognition, common ability among diviners, is the ESP of past events. The African sees the dream as premonitory and retrocognitive. And it has been recognized by Psi researchers that the dream is one of the vehicles of extra-sensory communication. Future events as well as past events seem to be conveyed to the dreamer. Thus, confirming that time and space are continuous, and entities of the same world. The dichotomy between mind and matter which is real, in many instances, seems to fall apart as the mind of one person is able to influence the body (matter) of the other individual. There have been tests of PK conducted in the Soviet Union and the United States, in which objects were moved (influenced) by people without any physical

contacts.<sup>115</sup> These tests confirm not only the mysteries of many stories connected with beliefs in Kindoki, but also give us some light on possibilities of nature phenomena to obey and be influenced by the human mind. Jesus walking on the water, Jesus telling his disciples that mountains may even obey their commands and many other stories of the Bible make sense. They illustrate potential possibilities of communication between different elements of the universe, especially between man and his environment.

(c) Telepathy is the ESP of human minds, the direct communication of thoughts between two minds. The African believes that communication on the telepathic level is easier among people who are united by blood, clanic or marital relationships. This is the common evidence of Kindoki observed in many societies of Africa in which the Ndoki and the victim are members of the same clan.

Hallucination may be to some degree a form of telepathy. Cases of people being commanded, hearing voices, seeing people and going through the experiences of their commands are many in Africa. Many of these cases are difficult to be explained by general psychological methods. And people reporting these experiences may not qualify as suffering from psychopathological symptoms.

It seems that there are great possibilities of telepathic communication between some of the departed human beings and the certain surviving ones. Viewed in the light of this assumption,

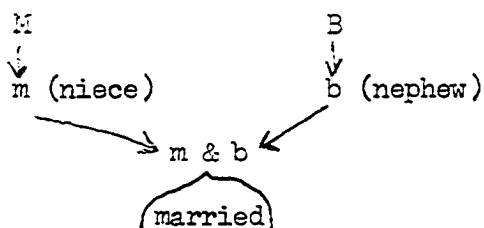
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<sup>115</sup>E. Girden, et. al. International Journal of Parapsychology VI:I (1969).

Christ's statement to his disciples "Lo, I will be with you till the end of the world" makes sense. In this light, prayers, invocations and incantations may be seen, not as self-hypnotizing processes, but as real mediums for communication.

#### CASE STUDY NO. 5

Maluka and Bikunda were members of the same extended clan, without blood relationship.<sup>116</sup> They are both Christians. The ancestors of Maluku were slaves of Bikunda's matriclansmen. But, after a few generations, members of Maluku were completely integrated into the clan of Bikunda to the point of exercising all the privileges of the clan. Bikunda was older than Maluku, thus on the basis of his age, more power over Maluka. Bikunda, exercising his responsibilities as the elder of the clan, put Maluku through primary school and helped him financially in his marriage arrangements and ceremony.



Bikunda's nephew (b) married Maluka's niece. Appropriate rites were performed in order that (b) and (m) could get married

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<sup>116</sup>This case was communicated to me by Isaac MaSembo, Professor of African Cultures at the Evangelical School of Theology in Kinshasa, June 15, 1970. I assume full responsibility for interpretation.

since endogamous marriages within the Kongo culture are prohibited.

During the period of negotiations and arrangements, Maluku talked privately with Bikunda suggesting that (b) buy a certain type of cloth to give to Maluka for marrying his niece. Bikunda refused the suggestion. They both dealt with the conflict without anyone else knowing about it. Thus, (m) and (b) got married according to the traditional and Christian rites.

Maluka felt some resentment toward Bikunda, but he never expressed it openly after the settlement of the conflict between the two elders of the clan. The young couple, however, stayed in the marital relationship for about five years without children. Medical exams did not show any pathological signs to prevent pregnancy.

After they consulted a prophet, they were told of Maluka and Bikunda's conflict before their marriage. The prophet advised them to get Maluka and Bikunda to deal with the conflict in a constructive way. The Ngunza (prophet) affirmed that sterility is only an apparent problem.

A reconciliatory ceremony took place in the village. Openly Maluka and Bikunda confessed of their conflict to members of the clan. A couple of months after, (m) was pregnant and has been giving birth to children without complications.

This case raises questions which cannot be answered by means of general psychological interpretations. Why is it that (m) and (b) who were unaware of the conflict opposing their uncles were affected biologically? As they did not show any emotional disturbance

and did not have marital conflict, what really happened to either one of this couple physiologically? Did Maluka's resentment, even though unexpressed, have any Psi influence (telepathic powers) over (m) and (b) even though they were unconscious of it?

A psychological examination alongside a medical examination of such cases may shed more light on different variables affecting the individual, or the couple, but there is still the possibility that there was some telepathic influence upon (m) and (b), even though they were unaware of it. This case seems to suggest that consciously it does not necessarily take a lot of energy from the sender to mobilize the Psi energies that could influence another significant person, as there seems to be an influence of non-physical energetic determinant in the mental and physical life of man.

## II. CONCLUSION: KINDOKI AND THERAPY: TOWARD A THEOLOGY OF MAN

Kindoki is a complex phenomenon that should not just be analyzed in separate categories. A wholistic (global, multi-dimensional) understanding of this belief is necessary if we are to explore some of the treasure of human capacities behind it. Kindoki has brought hatred, aggression, fear, division, illness, and even death. There follows some conclusions that are basic to the psychology of the bewitched patient:

1. Beliefs in Kindoki point out that: (a) the universe does not only have physical properties verifiable to man by instruments

but also contains non-physical properties. It is non-physical because it is not enslaved by space, time, and matter; (b) the human organism can, therefore, transcend space, time and matter as man can get into contact not only with physical realities, but also with non-physical realities that may be dwelling in the universe. Beliefs in Kindoki seem to point to the fact that man is capable of sharing his being not only with another person, but also with his environment, be it physical or non-physical. A serious investigation on Kindoki beliefs need to be conducted in order to extract from them positive qualities of human capacities hiding behind them and which have been so far perceived and even utilized negatively.

2. Kindoki, basically, offers a theology of man in the totality of his being. It is an attempt to respond to the basic problem that theology, psychology, philosophy and natural science have been dealing with -- "who is man?" The bewitched patient who feels that the whole world he knows, the world of his significant ones, is against him, is asking the basic question: "Who am I in relationship to the other people around me? Who am I in this world?" His basic concern is that of security and not identity. He has never lost his sense of identity. He is concerned about his security, as John Mbiti points out.<sup>117</sup> The therapist may perceive the bewitched patient using Kindoki as a means of avoiding responsibility. And,

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<sup>117</sup>See Mbiti's letter, Appendix, No. 1.



to some degree, Kindoki provides the possibility of scape-goat. But, the bewitched patient who is aware of threat that is blocking the fulfillment of his needs, the expansion of his being, is on the road toward self-discovery and self-actualization.

Belief in Kindoki reveals a theology of man as it deals with the basic personality of a people and a cultural heritage as well as with the personality of the individual. The individual's personality reflects, in his belief, (1) a tendency to his self-determination, his self-affirmation, his self-actualization, as the life of the individual being is threatened; (2) and a tendency to surrender himself to a super-organizational self. The individual reflects, therefore, an autonomous being wrapped up in a Gestalt, an organizational self. The human being is both a unifier, an organizer of his immediate personal world, and a participant in what he conceives as the world to which he belongs. In bewitchment, he is aware of his Being Him, a distinct individual and yet his needing the world, the other being around him.

The positive aspect of the personality of one who believes he has been bewitched is that he recognizes, in the midst of the world, that as a being-in-the-world, the world is separate from him. The painful experience he recognizes may be a factor that hastens the birth of his individuality and the recognition of an outside world that is distinct from him. He has created his human situation as the experience manifests and unfolds his existence. This experience of separateness from the surrounding world, which is governed by forces

outside, supplies the impetus to strive for mastery over the external world in his affirmation of self and maintenance of self.

A therapeutic experience arises when the therapist allows the individual to actualize his own being in relationship to the others, when his being assumes the responsibility to master his life and handle the feeling that what is wrong with him has confirmed his sense of worth as a being creating self-confidence, self-respect, and autonomy.

When one believes that he has been bewitched, he is recognizing a certain unjust and agonizing experience to which he says: "I cannot stand for it; down with it. I am angry at it and I want to get rid of it." Daring to take this final aggressive stand puts the individual on the road to protecting himself, fighting for his security, and discovering his world. The therapist is going to create a healing relationship when the patient discovers the reasons for the affirmation that his security has been threatened. The therapist's understanding him, trusting him, can create a feeling that the patient does not have to uphold the fiction that others (the world) are against him, but that he is of worth as a being.

Many bewitched patients are not mentally sick. Instead, they have developed a style of life that results in problems of living. This behavior could be a culturally defined, yet personalized problem solving response. It is apparent in many cases that the problem will not be solved until the different style of life is tried.

Teaching the bewitched to believe that he is suffering only because he was bewitched by another person is to make him become

passive to that behavior he has used which is detrimental to himself. The patient has to learn to see where, in his life, he has not accepted his own responsibility. There should be established learning theory procedures through which better behavior should be discussed, explored and tried in coping with problems that are blocking the patient to actualize himself.

The bewitched may be suffering from a deep-seated psychological problem such as the need for approval, acceptance, affirmation. He may be using Kindoki as a way of satisfying his needs, especially the basic need to be accepted, approved, the need to be secure. Neurotically he is blaming others for not fulfilling that need. Therapy should, therefore, not concentrate primarily on giving the patient an understanding of past misfortunes and outside forces that contradict the functioning of the organism, and thus have caused his illness, "but to help him function in a better way right now."<sup>118</sup>

Kindoki is a "means-whereby" the bewitched patient seeks to reach the "end-gain," personal happiness, social and personal harmony.<sup>119</sup> The means-whereby is a fixed criterion and the end-gain is also fixed. Accepting Kindoki as one means-whereby the patient has used to reach the end-gain, the patient is also helped to look into other possible answers. The basic goal of any given organism

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<sup>118</sup>William Glasser, Reality Therapy (New York: Harper & Row, 1965), p. 46.

<sup>119</sup>Perls, Gestalt Verbatim, p. 21.

is to move toward actualization.

When the patient uses Kindoki as a frustration revealing mechanism, in passive language, he is mobilizing his resources to being able to do something on his own if he is helped enough to face himself. He is manipulating the environment by accusing it, not as a child but as an adult who is seeking to affirm his being.

Beliefs in Kindoki could also point to the re-enacting into a dream form of denied pleasures that have been repressed in the unconscious; these denied pleasures may reoccur in a dream form in man's intellectual and emotional representation of his needs which he denies to verbalize openly because of the fears which go with rebellion against social norms. In the dual form, the repressed wish is enabling the weak-ego to claim its existence and to move from corporate being toward individualized being, yet maintaining at the same time the bond between self and community.

Kindoki can also point to the anticipation of punishment after doing what is impure, unaccepted, and which attempts to break its bond with evil and misfortune.<sup>120</sup>

"The world of defilment embraces in its order of the impure, the consequences of impure actions or events..."<sup>121</sup> As a way to redeem oneself from punishment, the bewitched patient is moving toward self-discovery as a human being.

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<sup>120</sup>Paul Ricoeur, The Symbolism of Evil (New York: Harper & Row, 1967), p. 27.

<sup>121</sup>Ibid., p. 27.

It points also to the problem of refuting the ethical world using passive-aggressive language. As there is suffering, already loaded with ethical meanings, and as vengeance causes another suffering and a possible isolation and even physical elimination (death), the bewitched uses Kindoki as a passive-aggressive form of vengeance, in order to search for liberation.

Suffering connected with beliefs in Kindoki play the role of a symptom of an ethical illness which has disturbed the world order of the human person. This points to the lack of division between the material and the psyche, the connection between the significant one and between the psyche and the soma. It is a means of reducing tension, not in order to assume social homeostatis as formulated by Freud, but in order to make possible the development of creative tension within the social environment and which will help the bewitched to affirm and realize "I am Me." Freud once said:

Religion is an attempt to get control of the sensory world, in which we are placed, by means of the wish world, which we have developed inside us as a result of biological and psychological necessities.<sup>122</sup>

Recognizing the fact that the rituals that deal with the healing of the bewitched are part of the religious, psycho-social dimensions of healing, kindoki has therefore that wish to bring harmony and wholeness to and between members of a given social order. There is the wish that man should live in harmony not only with nature,

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<sup>122</sup>Sigmund Freud, New Introductory Lectures on Psycho-Analysis (London: Hogarth Press, 1933), p. 215.

but also with himself and with other members of the community. There is a need for personal, social and economic security. The wish to get control of the sensory world is not a mere fact of seeking and finding psychological security in an unscientific and illogical language of Kindoki, as Freud and other thinkers have thought,<sup>123</sup> but rather a deep religious awareness of disunity. It is an attempt to call for a religious ritual to bring harmony out of chaos, healing out of sickness, freedom out of slavery.

Awareness of his own present existential experience is the first and most important step at the disposal of the bewitched patient. This may mobilize him to get out of the contradictions of his being and move toward security maintenance, personal strength, discovery, harmony, responsibility, toward unity. Engulfed between his basic needs to live abundantly here and now, to constantly be and only be, and the pressures of social demands contradicting his drive to fulfill his needs to live and to be, the bewitched patient's awareness of his contradictions, his situation, his ability to claim for his threatened security opens and/or provides possibilities of an open door reality that could lead him toward healing, wholeness, autonomy, community and responsibility. The therapist's role is only to help the bewitched patient enter into that door.

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<sup>123</sup>Levy-Bruhl believed that the "Primitives" thought was pre-logical (*Les fonctions mentales dans les sociétés inférieures*, Paris, 1910). Look also in G. Welton, *Les Croyances Primitives et leur Survivance* (Paris: Colin, 1960), Chapter 4.

The capacity of the individual to doubt his environment and people around him in the culturally defined symbolism is a starting point in his personality growth. The individual mistrust of social systems and values such as conformism, social demands and expectations is a basic personal tool used by patients in Kindoki symbolism to challenge social pathologies. His doubt, a passive-aggressive rebellion, is therefore a cultural meaningful attempt to establish a balance between what Erikson calls basic trust and basic mistrust.<sup>124</sup>

The African cultures portray a healthy attitude toward the individual and his society when they allow him to recognize as part of his personality structure the capacity to trust and to doubt. As such, he does not need to regress into a psychotic state by making himself oblivious to companionship or personality disorder to prove the inner state of mistrust that he may either consciously or unconsciously be experiencing at that particular moment. Kindoki becomes a convictive dynamic approach to social pathologies, broken human relationships as well as to individual crippled personality.

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<sup>124</sup>Eric Erikson, Identity and Life Cycle (New York: International Universities Press, 1959), pp. 55-65.

## CHAPTER IV

AFRICAN MIND IN ILLNESS AND PSYCHOTHERAPY  
THE DYNAMICS OF AFRICAN TRADITIONAL PSYCHOTHERAPIES

Psychotherapies are intended for the treatment of the whole person. This follows the global understanding of the African concerning illness. "There are no sharp differences between mental illness and organic illness for the simple reason that each organic illness has a non-somatic part which requires psychotherapy."<sup>1</sup>

For this reason healing is not only sought by the administration of plants, but also by the manipulation of ancestral spirits, ritual and sacrificial performances, socialization of guilt and purification, etc. There is a whole battery of factors that contribute to the healing of a person.

Illness is seen as a bad force inflicted on the individual by outside powers. That is why rituals are used to connect the patient with the outside community for healing.

There are, therefore, five force-units that play a significant part in psychotherapy. The elimination of one force-unit may hinder the healing process:

(1) The individual who is seeking for health needs to state clearly how he interprets his illness, and admit personal misconducts

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<sup>1</sup>Mathias Makang Ma Mbang, "Essai de comprehension de la Dynamique des Psychotherapies Africaines traditionnelles" in Psychopathologie Africaine, V:3 (1969), 321.



that may be contributing to the illness.

(2) The ancestral spirits who are asked to participate in the healing process.

(3) The living members of the clan who participate actively in the healing process.

(4) The healer and his assistants who facilitate and direct the healing process.

(5) The audience who serve as witnesses.

### I. GROUP THERAPEUTIC PALAVER

Illness, as already noted, is an outside agent that invades the human body. To search and neutralize that destructive agent who is usually within the household of the patient is to be on the road toward health. Group therapeutic palaver, in many African societies, serve as the most immediate and first step for diagnosis and treatment plan, not only for the patient but for his immediate family members as well. The process of palaver therapy is varied according to different cultures. In some groups such as the Ewondo of Cameroun, the diviner's or the traditional healer's diagnosis is the starting point. In some other societies, such as Ba-Kongo of Lower Zaire, the elder of the clan takes the place of the diviner. Whenever a member of the clan is sick the elder's role is to group members of the clan for group therapeutic palaver. Both groups are interested in diagnosing the patient's illness in terms of broken relationships and in seeking a plan of action to be taken for healing.

Ma Mbong tells of the ESYE ritual of the Ewondo of Cameroun and takes the example of the patient he calls Zana.<sup>2</sup> The diviner diagnosed social conflicts as the sources of sickness. Members of the clan came together for therapeutic palaver. They formed small sex or age groups in which each member expressed feelings he folds against the patient and wishes he formulates for the patient. After consultation the leader of each group reports the feelings and wishes of each member. The Assembly is presided over by the elder of the clan. Ma Mbong says:

The speaker for the brothers' group reports: 'Brothers are upset with the patient because he does not care for them; he steals from them. Four of the brothers want some restitution. Three brothers are asking for a share in the bride-price he holds for their married sisters while the fourth, more upset than the others, requests the restitution of his stolen four goats. Now our brother will not die.'

The speaker for the children's group reports: 'Elder, the unmarried sons of your brother, especially the younger one, are discontent with their father. They accuse him of being egotistic because, even though he is a well-to-do man, he does not want to help them get married while he himself has five wives. Thus, they were unhappy and have willed him to die. But now, they wish him good health.'

The speaker for the women's group and servants...tell of their unhappiness, anger and wishes for good health. Then, the officiating brother declares: 'My brother will live. Those who willed him to die are for his recovery. He will get better. But we have to offer sacrifices to the ancestors, so that they return to us our brother they have already welcomed in their world. (At last), Zana promises to give to each member of the clan whatever was his request...'

The first step in the healing process is the establishment of hope, confidence, and restoration of relationships between the patient

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<sup>2</sup>Ibid., p. 325.

and some members of the clan. The healer, in group therapeutic palaver, plays the role of intermediary between the patient and the kinsmen so that whatever relationship that was broken might be restored. He uses directive therapy when he offers suggestions and advice to both parties.

The palaver therapeutic process among the Ba-Kongo is almost the same, except the presence of the diviner which is not a generalized practice. Whenever there is illness in the clan, the elder summons all members for immediate group diagnosis and treatment plan. Each member is listened to as well as the patient. The following interview is an example of a therapeutic palaver in which the author took part.

#### CASE STUDY NO. 6

##### Schizophrenia, Paranoid Type<sup>3, 4</sup>

Patient: Zola

Age: 23

Sex: Male

Status: Single

##### Family History

The patient's parents are in their late fifties and have been married for at least thirty-five years. They have three daughters (all married) and two boys. The patient is the third. In 1964 the father took another wife because his first wife could not give

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<sup>3</sup>The interview took place in the author's village in July 1967.

<sup>4</sup>Zola is a cousin of the author.

children for him. As there was opposition from the children who sided with mother, the marriage ended up in divorce.

There is no history of mental illness on either side of the family. Both parents are semi-illiterate. The father is a successful carpenter. They are respected and responsible people in the community. After divorce, the mother moved to her own village, which is only about five miles away from her husband's village.

#### Personal History and Nature of Present Problem

Zola's relationship with his parents was normal until their divorce. His behavior prior to present illness was normal. He never caused trouble in the community. His school work was always excellent. He was rather shy but not withdrawn. He socialized with other people. No major illness or surgery.

In 1964, while at Tumba, a catholic secondary school, Zola became excessively religious and at the same time hostile and aggressive toward male adults. He asked permission from school authorities to go to the village to get his parents straight. Because his parents had gotten divorced, Zola went to Kinshasa with a sense of defeat. He became depressed, agitated. After he had run away from the Neuropsychiatric Hospital of Kinshasa, he was sent back to the village for treatment. Since the end of 1964 Zola has been living in seclusion, one mile outside his father's village. He built his own village, with one main house in the center and several small houses around it. There is an amphitheater in the

middle with a long cave in the wall where he hides when he hears people come. He encircled his village with ditches to prevent people from entering. He works every day, planting his gardens, repairing his houses, going to the forest early in the morning in order to avoid meeting other people. He cooks his own meals. He accepts food only from his mother and talks to her once in a while. There are very few complaints about him. Sometimes he takes other people's things in the village such as food or kitchen utensils. Otherwise he is no problem to the community.

When the author went to see him he was repairing the roof of his house.<sup>5</sup> He was happy to be visited by a cousin whom he had not seen for six years. He stopped working and came down to shake hands. He smiled. The conversation was not deep at this moment, but he was happy. He still looked suspicious and reserved. But whatever he said was logical. He looked as if he was in touch with reality. He accepted the invitation to go to Kimpese with the author and stay with his older sister there. "But I do not want to see my father. I do not like him," he said. He would not elaborate on this subject, but one could see anger and hate in him. He became withdrawn after he said it. He went back to his work, saying nothing for at least twenty minutes while we watched him work. He complained of headaches and accepted some aspirin tablets from the author. Physically he seemed healthy, except that his motor system was slow. He always

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<sup>5</sup>The author was accompanied by his wife and Zola's sister.

looked down when talking, avoiding facing anyone. There is no history of mental illness.

Back in the village the author talked with Zola's paternal uncle in order to get the rest of the extended family to discuss Zola's going to Kimpese for treatment. That evening most members came over and Zola, by the author's invitation, came also. His coming to the village surprised everybody. The following is an excerpt of the palaver. The immediate purpose of the therapeutic palaver was to get the agreement of the family for Zola to go to Kimpese. Making the parents aware of the psychological dynamics in Zola's illness was the hidden agenda of the author. There were more people at the therapeutic palaver than those listed on the following interview.

Elder: It is my responsibility as elder to see that proper care is given to every member of the family. Zola has been sick for these last few years. You know how much we have attempted to get him well. He ran away from the hospital and traditional medicine (nti mia kisi nsi)<sup>6</sup> has not been helpful at all. As elder, I have not allowed taking Zola to the Nganga.<sup>7</sup> We have tried our best. But maybe we have not done everything we could do. One of our own children<sup>8, 9</sup> who has been away for six years is back with us and would like to take Zola with him to Kimpese. It is up to you to say yes or no.<sup>10</sup>

Jean: I am delighted that all of you have come so that we can discuss what we can do for Zola. I know you have done a lot.

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<sup>6</sup>Nti mia kisi nsi = traditional pharmaceutic plants.

<sup>7</sup>The elder is Zola's father's brother. He is a Christian minister.

<sup>8</sup>The expression is "Mwan's mbuta" = the grown up child.

<sup>9</sup>Jean, the author, is the Mwan'a mbuta.

<sup>10</sup>The author was away from home studying in the United States from 1960 to 1966.

Father: A lot of people, including Zola himself, have accused me of Kindoki, saying that I have given my son to the Ndoki so that I can get richer. I would like to say once more that I am not guilty of this accusation.

Mother: Eh! Who has been accusing you? Not me. We should not talk about Kindoki at this meeting. We are seeking Zola's health. (Everybody was responding positively to the mother's comment.)

Sister: Father, you are always defensive whenever we talk about Zola's treatment. We never accuse you of Kindoki. You accuse yourself for something nobody else is aware of.

Elder: We are here to decide Zola's going to Kimpese. I would like to hear what Zola himself says.

Zola: If Mbuta does not push me to get married while at Kimpese I am willing to go.<sup>11</sup>

Mother: Zola, my son, nobody has pushed you to get married. We want you to get well first before we can help you with your marriage.

Jean: Do you want me to select a girl for you, a very beautiful one?

Zola: (With a smile) I want to become a nun, a catholic nun. That means I am going to remain single.

Uncle (maternal): How can you become a nun? Do not you want to leave a child on earth?

Zola: I mean a priest. A child! I do not want him to be miserable like me. No children for me.

Jean: When you were about fifteen you always talked about having a boy.

Zola: No more of that thought. I do not want anymore to become a father. Miserable children (Enfants misérables!).

Jean: Speak to your father and tell him what you just said.

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<sup>11</sup>He started speaking in French and then was reminded by the elder that the majority of the people did not understand French. The author observed that any time Zola was uptight, he used French.

Zola: I am miserable because you have given birth to me. You have been unhuman to my mother and all your children...

Mother: When you say your father has been crude to all the children, where are your sisters and what is your younger brother doing?

Zola: I do not care where they are and what they are doing. You should understand me. I am happy with what I am doing.

Jean: Zola, you really seem to be angry at your father; I understand and sympathize. But you have chosen your own way of living in seclusion and with anger; I do not know what meaning you are finding in it.

Zola: I want to be alone. Be away from me with your world of fathers and uncles. They have been against me.

Jean: I would like to let you know, Zola, how pleased I am that you can come and tell us how you are feeling. You have not done this for years and you do not know what it means to me that even though you are upset with some of your relatives and your parents, but that you can come tonight. (A few people cried. Zola's mother and aunts went to hug him and tell him how much they cared for him. There was a little confusion but there the group emotion produced feelings of care, confession and hope.)

Elder: Let us come together again. I am moved by what has just happened. It is time now that we should all learn that what we do as parents hurts maybe not all the children, but at least some. What happened a few years ago may not be repaired. We need to take an action for Zola's future life and our own lives, and the lives of those who have lived before us and from whom we inherited the power to be fathers and mothers and children. This is not a court against anybody. We're here to seek health for our son. Let now each one of you speak directly to Zola. Stand near by him and say what is in your heart.<sup>12</sup>

Father: I am sorry, son. I see now for the first time how much I have offended you. I remember you telling me when you came from Tumba that I am not the only person who can populate this world with children. I did not know what you meant. Now

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<sup>12</sup>I am only giving a sample of what is traditionally said in the last part of therapeutic group palavers.



I see it. Your mother and I will talk. (He takes Zola's hands.) Mpembo a mpolo,<sup>13</sup> I have nothing against you. I wish you health so that you can come back to help us and help your sisters. (He made him jump three times and crushed saliva on his forehead. Releasing slowly his hands, he said: "Let the ancestors and God go with you...") (Long silence)

Elder: There is a common agreement from all of us that Zola gets well and that he goes to Kimpese. Mpembo a mpolo. We are only expecting good news. (A few shots of guns and a communal meal concluded the group palaver.)

Comments: For the first time Zola went to sleep at his mother's. Even though the therapeutic process did not deal in depth with the psychosocial dynamism of Zola's problem, there was, however, an awareness and acceptance by the father that divorce contributed to the mental illness of his son. Those who attended the session became sensitive to the fact that we create a great deal of the reality of Kindoki in our own broken relationships.

### Diagnosis

Schizophrenia, paranoid type with affective reactions; tentative diagnosis.

### Treatment Plan

Medical examinations: At Kimpese, Zola went through a thorough medical examination. Besides hookworms, there were no

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<sup>13</sup>Mpembe a Mpolo is a therapeutic sentence meaning "Blessings of blessed pure dirt on you." The dirt refers to the holy land of the ancestors which is full of promises for meaning, assistance, and health in life.

physical pathologies found that were causing his physical condition.<sup>14</sup>, <sup>15</sup> He was given chlorpromazine, 100 mg., three times daily for a month and to which he responded.

Psychotherapeutic treatment: For almost two months Zola came to the author's home every day for therapy. It was apparent that Zola was aware of his anger toward his father and that there was very little need to deal with any neurotic guilt imbedded in his unconscious. Thus, therapy moved around his discovering the meaning of his anger as it related to the goals he wanted to pursue in life. As his most important goal was to go back to school, he realized that what he was doing, punishing his father, was destroying him more than his father. He became aware that his father and mother had the freedom of choice and that divorce was their own decision.

While at Kimpese he came to the author's home once a week to work in the garden with a student in order to help him adjust to other people. The existential therapeutic approach to finding the meaning for his life and the action approach to therapy to directing his energy into better constructive goals were useful. In two months and a half, Zola went back to the village and lived with his mother.

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<sup>14</sup>Dr. Testerman was his medical doctor.

<sup>15</sup>He stayed with his sister who lived two miles away from the author's home. He came with his uncle who became a very close friend of his.

### Progress

For two years and a half Zola lived an acceptable social life. He was still regressed, but he was able to function adequately in the village. In the middle of 1971 the author was informed that Zola started building another village of his own. His relapse seems to be conditioned by the social environment which was still pathological. Also the patient needed to be in a long-term therapy in order to strengthen his ego and to help him sufficiently to look at the validity of his values in judging his parents situation. A continuous palaver therapy could have been helpful not only for the adjustment of Zola to the social situation he was unable to control and change, but also to the possibility of transformation of the relationship between Zola and his parents. He needed the opportunity to develop the basic trust in people and in himself that he was lost through the traumatic experience of losing his love object, his mother and father as a married couple.

Group therapeutic palaver offers a living opportunity for group therapy to become a means for community teaching and community search for new human values, such as love based on acceptance and not on performance. The emphasis laid by the group therapeutic palaver method on the individual to accept his guilt, is to make public those personal misbehaviors and unexpressed feelings that were blocked in the relationship, to make society aware of that which the individual was aware of, is a healthy approach. The awareness of

shame, guilt and responsibility on both the patient and his society, can become a true weapon to redeem the individual and the society from fear of destruction. The attitude of love will reinforce the healing and growth of the patient and the society. The group therapeutic palaver technique offers an opportunity for education to the community for redemptive relationships. Forgiveness and love that can result from these therapeutic palaver groups can foster a positive transfer. Dr. Lambo affirms the fact that the success of recovery in Africa depends on an adequate affective transfer.

Even when the prognosis is unfavorable, a positive transfer of affect under the sympathetic conditions of the village and within the context of a warm, sympathetic, and tolerant therapeutic relationship, may be used to prevent patients from deteriorating.<sup>16</sup>

Even though therapeutic palavers share, in some instances and unconsciously cultural paranoia with individual patients opportunities for developing sensitive people for their personal and social growth are present in these group therapeutic palavers. Hope, confrontation and support of the patient by other members of the group become dynamic factors in the healing process. The use of positive traditional elements of the therapeutic palaver, such as acceptance, participation, transference, hope, can strengthen the therapeutic process. The community framework in which therapeutic palavers take place offer teaching opportunities with the intention of making the community aware of some of the social pathologies that cripple the individual.

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<sup>16</sup>In Ari Kiev (ed.) Magic, Faith, and Healing (New York: Free Press, 1964), p. 451.

## II. THE DYNAMICS OF THE SACRIFICIAL IN THERAPY

When man has broken his relationship with his kinsmen, he has also isolated himself from ancestral spirits who are divine spiritual beings. Healing also results from the patient's reconciling himself with the ancestral spirits by offering them sacrifices. In all sacrifices there is a sacramental element. When the patient has accepted his guilt, the ancestral spirits are then willing to release health for the healing of the patient. A living animal is killed and the blood is shed usually on the ancestral tombs or on the ground. The animal dies in place of the patient, thus symbolizing the passing of the misfortune from the patient to the animal.

The healer, when he kills the animal, pronounces words which symbolize the cleansing of the patient from guilt and illness.

This ceremony usually ends up in a sacrificial communal meal which is the symbol of reconciliation and participation of the "others" in offering health to the patient.

## III. THE DYNAMICS OF THE SYMBOLIC IN THERAPY

We have already studied the power of the word in the African life. There is no therapy that is devoid of Nommo. But Nommo also finds its expressions in various forms or symbols. A symbol is a silent word which conveys a whole battery of meanings and which actualizes Nommo.

The symbol creates models of identification therapy. A

woman who cannot bear children will be given a statue of a pregnant woman, or women who are nursing. A child who is afraid to climb trees is given a statue of a monkey to hang on his neck. The symbolic actualizes the real making the society and the individual aware of the fact that the patient has been delivered from his illness and is in the process of recovery.

Objects and actions are used as surrogate words because speech is an ephemeral form of words. Verbal designation of material objects converts and transforms them into a more permanent and readily manipulable form of words. In the African experience, the verbal message has more possibilities of communicating a direct and precise message than the symbol-message (or object-figure-message). But the object-figure-message is more permanent, has more durability, and materiality than the verbal message. This makes the object-figure message easy to be discovered, to be penetrated into by the patient and to be passed on to others in forms of communication other than the spoken language.

The symbol creates models of therapy by dramatization and initiation. Dancing and singing are used to identify the patient with joy, happiness and liberation from evil.. There are moments even when the patient is asked to dance or to sing as a part of this therapy. Dancing and singing help the patient to express his pathogenic emotions.

#### IV. THE DYNAMIC OF COMMUNITY THERAPY

If we take seriously the truth that the individual exists only as a part of a system of systems, then it becomes evident that an individualistic approach to helping or changing others is unrealistic and, in fact, is the most difficult constructive change.<sup>17</sup>

##### A. Monolith Therapeutic Center

This center is led by a Congolese former Chef de gare. The healer is in his 50's and has worked for a railroad company called OTRACO for about 25 years.<sup>18</sup> He is originally from the Manianga area where traditional healing and prophetic healing movements are very dominant among the Ba Kongo. In his practice of the art of healing, but techniques he uses prove that he has a clear knowledge not only of plants having pharmaceutical power, but also of traditional therapies and social psychology.

##### B. Description of the Center

The Center is situated about eight miles from a small train station. There is no main road that leads to the Center. Thus patients are away from cars, trains, and many other disturbing influences. The Center was constructed on the set up of a simple

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<sup>17</sup>H. J. Clinebell, Jr., and H. Seifert, Personal Growth and Social Change (Philadelphia: Westminster Press, 1969), p. 11.

<sup>18</sup>OTRACO is an abbreviation of Office des Transports Coloniaux.

village form.

There are two wards for mental patients and three wards for those with physical illnesses. Ward 3 is mainly for those believed to have communicable diseases while Wards 4 and 5 are general pavilions. The healer's home, just across from the mental patient's wards has a large room where, in the evening, therapy sessions are held. In the evening sessions the healer reads a book and people share their personal problems, fears, anxieties and hopes with the group.

There is a small river passing through the village. On the other side of the river are a Boko,<sup>19</sup> plantations, goats, sheep, chickens and a dam. The Boko is used during the day for public healing meetings, social gatherings, dances, receptions for visitors and story telling at night. There are no professional dancers or story tellers. Whoever wants to dance and tell stories is welcome. These two activities, especially the story telling, play a great part in the discharge of emotions, building up of ego strength and acceptance sensitivity of the part of members of the group. Members of the community become participants and not observers of community activities.

A big portion of the valley is designated for raising of sheep, goats, and chickens, while another portion is for gardens (manioc, greens, beans, avocados, oranges, safu, etc.). At the top

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<sup>19</sup>Boko is a meeting place where, around five, people in the Lower Zaire decide their affairs.



of the hill the healer has built a dam which supplies water to the village and irrigates the gardens. Pipes for irrigation are all over the valley.

### C. Character of the Center

The Center is privately run, and receives all types of mental patients (severe, psychiatric cases, psychotics, psycho-neurotics, patients with personality disorders). The activities of the day (working in the field, irrigating and feeding the animals), and story-telling, receiving medication, praying and confessing at night provide a close-knit community atmosphere. The community shapes changes in the patient and the patient in interacting with the other patients takes responsibilities in controlling change. Thus, the individual's acceptance of others, his willingness to belong to the group has therapeutic values.

### D. Treatment Ideology of the Healer

The healer believes that medication is a powerful tool for healing, but it only alleviates the pain or the physical disorders which, if the socio-relational disorder is unhealthy, can re-appear again. Thus, this treatment gives to the patient a better understanding of his relating to others and how then his fears of others may effect him. The patients and the non-patients help each other not only for the healing of the patient but also for the re-adjustment of both into new and healthier patterns of relating.

This shows that societal inter-relationships are able to generate ill behaviors (psychopathology) as well as psychosomatic illnesses; and it is also a tool of healing by eliminating ill behaviors and psychosomatic illnesses. This is based on the fact that the individual has needs making demands for certain behavior.

When one person is confronted by two different types of behavior at the same time, when he is in a double-bind situation, he is likely to develop confusion, withdrawal, aggression dependence, unconnected behavior, as a means for his own survival. This behavior is the indication of the incapacity of the individual to be what he wants, or the consistency of the society in relationship to persons. The individual needs to look at himself. The society also needs to see how it is creating contradictory behaviors in people, thus creating behavior maladjustment.

The healer is able to follow the patients in their worship situations in groups so that he can point out their way of functioning on social levels. This is sociotherapy reflecting the personality of the patient as well as the demands of the society upon the patient that might create contradictory behaviors and confusion.

The healer brings change only to the degree that, when he observes the patient and the people in the community, he is able to point to them the way they are relating, ways they are not carrying out their responsibilities. The healer adds to the patient's social network his own person, but also members of the clan and those of the community which makes him aware of group pathology. Thus, the

collective therapy, is the basic method of healing and social adjustment changes.

This understanding is based on the assumption that personality attitude of oneself toward himself and others, the interpretation of the world around develops and is sustained in relationship with others. There is a continuous interaction between social environment (traditional and contemporary environmental beliefs) and personality (illness and healing). The major causes of psychopathology are not only microbiological in origin but also social involving traditional beliefs, influences and demands. Personal failures in terms of fortune and ethical standards, which may result in a maladjusted behavior because of guilt, are viewed primarily in terms of conflict between the individual performance (his id = instructional wishes and will) and the social standards and demands. It is therefore necessary to rehabilitate the disturbed individual within his social environment for the cure of the patient and the reformation-growth process of the social order. Frantz Fanon suggests that neurosis - as character disorder - in the African social context, is more related to his present environmental circumstances than to youthful trauma as believed Freud.

The neurotic structure of an individual is simply the elaboration the formation, the eruption within the ego of conflictual clusters arising in part out of the environment and in part out of the purely personal way in which the individual reacts to these influences.<sup>20</sup>

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<sup>20</sup>F. Fanon, Black Skin, White Masks (New York: Grove Press, 1967), p. 81.

When the demands of the society are strongly in conflict with the performance of the individual, the individual is likely to develop a maladjusted behavior as he becomes disorganized and loses control. The individual may feel rejected for his performance and he may accuse society for failing to understand him. He may feel alienated from family and society. He may develop withdrawal (into a schizoid or schizophrenic state). The best means for his recovery is to reconcile him in relationship with his significant others.

The primary task of the community is to treat the patient so that he can return to his larger community with increased psychological comfort and greater efficiency in responsibility. But this treatment is done also for the adjustment of the treatment of the pathogenic parts of the social network (beliefs, family, etc.).

The healer-patient relationship affects the patient's health/personality change. But he also adds to the healing dynamics some members of his clan, especially those who are suspected of being at the root of the patient's illness/personality disorder. The presence of relatives and friends at the Monolith Healing Center prepares the patient for rejoining the outside community and helps the relatives, not only to understand the patient's world, but also to know about the positive part they have played in the illness of the patient. The participation of relatives and friends in all activities of the patients provides one basic principle of African psychopathology and psychotherapy: man is not only one of the factors producing anxiety, personality disorders, mental illness, but he is also one of the major

forces that can bring about healing. The experience gained in therapy helps relatives to adjust to future needs of the patient.

Treatment takes place in group meetings of all members of the community, in working group therapy, in family therapeutic gatherings, in informal socialization as well as in administering medication. One of the purposes of the Center is to make the community a viable society in which patients, relatives and the healer all participate in every aspect of the community.

The most successful part of therapy seems to be the work-group therapy. The Center gives the patient and his relatives a garden plot to produce manioc and vegetables they use for themselves and sell to the rest of the community. At the dismissal of the patient, the garden reverts back to the Center, which in turn assigns it to another patient.

Work therapy programs are also set up caring for sheep, goats, and chickens which are sold at a low price to members of the community.

Healing is sought by helping the individual to destroy the destructive elements of his pathology (fear of death, anxiety, guilt, etc.) which might reflect what Jung calls "collective unconscious." Whereas Jung locates the collective unconscious solely in the inherited cerebral matter, the assumption here is that it is located in collective attitudes and beliefs of any given group. This does not eliminate the possibility of the inheritance. But to define collective unconscious only in terms of biological and physiological

human functioning is to ignore the dynamics of human interaction and freedom. Attitudes, fears, hopes, beliefs also contribute to the making of the unconscious. A change can only be anticipated when the individual and societal personality is submitted to a constant reform. It is in this frame of reference that scars in personality could heal and the functioning of the unconscious improve. Collective unconscious is more acquired, it is more a social and cultural phenomena than an inherited one.

This form of community healing (psychiatry) provides means of reducing conflict and stress in the relationship. Members of the clan are brought into the healing process as they are considered part of the sickness-acquisition as well as part of the health acquisition processes.

The healer recognizes the natural causes for illness and diseases. When asked what the main reasons were for mental disturbance among young people, these are some of the reasons he listed:

- (1) The extensive use of stimulants, alcohol, and intoxicants;
- (2) Sexual promiscuity and freedom, causing not only guilt and insecurity but contributing to venereal diseases "which have microbes that eat their minds";
- (3) The desire to succeed in the exploitation of others.

"They sometimes like to give their parents to the witch so that they can be more intelligent or more successful in business. They forget that their parents are also being watched over by ancestors," remarks the healer.

The healer reports that the acute psychoses are less difficult to heal than the neurotic ones. One day a very disturbed psychotic was brought to the healer. After he was being given medicine, he went to sleep for about three hours. Thereafter he started functioning in quite a normal manner.

When the patient is ready to return home, a discharge ceremony is held for him by the whole community. Its intention is to suggest to the discharged person the prevention of the reoccurrence of his illness. The chicken is killed publically, thus creating hope for the patients, and giving him a sense of expectation for healing and re-entering into the outside life.

The Monolith Healing Community combines the atmospheres of a hospital, a village and a community of people concerned for the welfare of one another. It is a place in which biology, medicine, psychology, sociology and religion are never separated, but are used as a whole for a healing dynamics.

#### V. THE DYNAMICS OF PROPHECISM IN PSYCHOTHERAPY

(1) Prophecy is a complex religious phenomenon in Africa which will not be dealt with in this study. But the place of prophetic movements in the discovery of traditional and recent psychotherapeutic dynamics cannot be ignored by anyone who is interested in developing therapeutic principles in Africa.

The messianic teaching of many of the prophetic movements has brought some elements of hope and expectation for change, either

political, social, economic, psychological. Dr. C. G. Baeta of the University of Ghana, talking about people who are involved in prophetic movements in Africa, believes that

They appear to be perfectly normal, even 'relaxed' men and women, taking the new developments in their stride, coping with their ordinary human problems as best they know how, likewise taking in hand, with quite practical outlook and a high degree of self-confidence, what they consider to be their job, namely healing as they understand it.<sup>21</sup>

Healing is therefore a most important element in prophetic church activities.<sup>22</sup> Healing has brought into the service the African traditional understanding of unity of secular life and religious life.<sup>23</sup>

The prophetic church services in Africa, as they find expression in some of their representative movements in Congo,<sup>24</sup> are an interplay of four psychotherapeutic dynamics in which man is at the center and on the move toward healing: the dynamics of time, word, audience and the spirit.

Their healing and worship services do not have a time format which is already set. Meetings are scheduled to start at a certain

<sup>21</sup>C. G. Baeta, Prophetism in Ghana (London: SCM Press, 1962), p. 6.

<sup>22</sup>Ibid., p. 55.

<sup>23</sup>See J. D. Y. Pell, Aladura (London: Oxford University Press, 1968). Also see Appendix No. 5 for "Aladura Therapy."

<sup>24</sup>I specifically studied Mampuya Mpesa Prophetic healing and worship activities (1969-1970 and I have been in correspondance with the prophet since August, 1970).



time, but they end when the needs of worshippers are met. This flexibility of time allows members of the congregation to come and to leave whenever they feel satisfied. It is observed also that each part of the worship, even though usually informal, is sufficient in itself. Somebody in the congregation is going to find it meaningful.

The word, in preaching, public confession, congregational singing, is therapeutically powerful. Mampuya Mpesa's prayers and preachings are so conversational that they deal with practical problems of members of the congregation. Confessions are public and the audience responds to each confession made by forgiving, accepting and incorporating the confessor into their community. The forgiveness of the confessor is symbolically done by the pouring of water on him by one of the prophet's assistants.

The audience plays a supportive role to the confessor. Each participant who comes for a specific personal problem participates also into the feelings of others. Praying together, clapping hands together after prayer, create an atmosphere of hope for the individual and the community.

The Holy Spirit is invoked as the power of God of Jesus Christ dwelling among the worshippers. The Holy Spirit is perceived as the outside positive power bringing healing, fortune and rescuing the individual from the menace of evil powers. Some worshippers go beyond themselves: they may fall into a trance, thus losing themselves in order to find themselves.

## (2) The Prophetic Facilitation of Personal Liberation.

Mampuya deals with unhappy, maladjusted, troubled and fear-possessed persons.<sup>25</sup>

(a) When healing, the prophet resembles a witch doctor. He asks for hymn singing from his choirs, composes of women and men. At this time he trembles and enters into ecstasy, trembling, rolling back his head, checking it.

(b) The Prophet is not only interested in curing. He seeks ways that provide a relationship which helps the ill person to grow out of his fear into the personal growth. He is interested in all his attempts to establish solid and accepting human relationships. But some people who have not approached the prophet on a more personal basis have experienced temporary change, which disappears sooner or later and which creates in the person the conviction of his being hunted by others.

(c) The prophet helps the individual by allowing him to express his feelings freely as he sees them come to him; by letting the individual tell of the realities of his illness, as he seems to understand them. He lets people be real, without hiding feelings. He has a real empathy with the patients' feelings at that moment, by letting people relate facts to the realities of their feelings. Usually these facts relate to the clanic expectations, to the group demands, etc.

(d) The prophet accepts people's feelings and facts as he

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<sup>25</sup>I have only very briefly dealt with Mampusa Mpesa prophetic and healing activities as I intend to write a book on this phenomenon.

understands how they created illness. He understands the person as he is and attempts to analyse (or relates himself to) his problem. Understanding and acceptance eliminate judgment, moral evaluation. He sees the private world of the individual through the eyes of the patient. He accompanies his patient to the end of the road where he confronts the social counter-part that has upset his personal life. It is only after the person has accepted his wrong doings and wants to be liberated from them that judgement is declared upon him by asking the will of the group.

Personal liberation occurs when the person tries here and now to reorganize his life both around his conscience and his social group (clan). He copes with life with a more personal and social integrity. The person becomes more accepting of himself as he is accepted by society, has been pardoned by it and the group also has asked forgiveness from him for the wrong it has caused him.

This proves that certain changes in group attitudes condition change in individuals.

He helps the individual also to see his misgivings, his features and the new relationship helps him to understand aspects of himself which have prevented the fulfillment of his health.

The prophet's function is a messianic one. He proclaims the coming of the kingdom of God in which Ndoki will be under judgment. He also proclaims that the state of insecurity of mankind will be replaced by the state of security. The state of evil-hunted fear to the state of tranquility is presented to the patient by making him aware of positive spiritual powers around him.

## CASE STUDY NO. 7

This case, recorded on July 29, 1970, concerns a Muluba woman who visited Mampuya Mpesa healing center. She had a large wound, from her eye to the right cheek. Recently come from Bakwanga, she does not speak Lingala. An interpreter was by her side. Questions poured in from all sides of the audience. Here are the most significant ones.<sup>26</sup>

Question: Mama, are you a Ndoki?

Reply: Yes.

Question: How do you move about?

Reply: By plane.

Question: Where do you go in your plane?

Reply: I get about everywhere: to Kisangani, to Bakwanga, and vice-versa.

Question: Why do you travel about like that?

Reply: To find men "to eat."

Question: Who pilots the plane?

Reply: I do.

Question: What is your plane like?

Reply: It's a butterfly.

Question: How did you become a Ndoki; who gave it to you?

Reply: In Bakwanga and it was my father who gave it to me when I was very young.

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<sup>26</sup>See the Figures on the following pages.

## Mapuya Mpesa: Worship, Healing Activities

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Figure 1. Inscription on the wall of the prophet's clinic: The Prophet of God who chases away evil spirits and protects bodies from diabolic attacks.



Figure 2. General audience participating in worship and therapeutic group process.



Figure 3. Choir members.



Figure 4. A bewitched patient telling the audience of his illness. The prophet interprets the causes of illness and asks the audience to sing and pray for the patient.



Figure 5. As the choir sings, the prophet enters in trance and receives power for healing from God and support from his assistant (in the back).

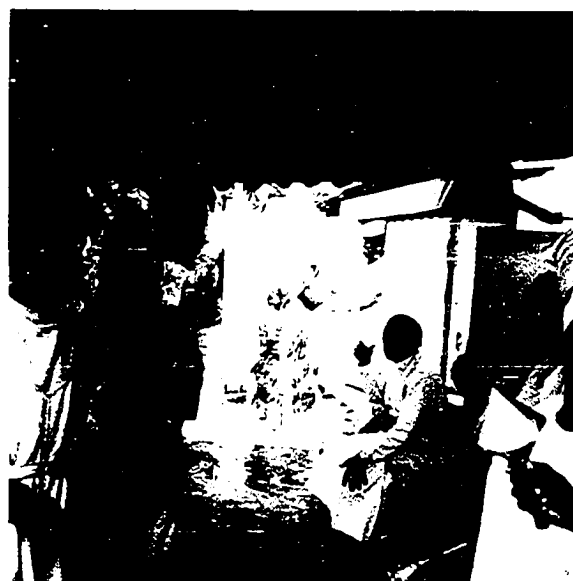


Figure 6. A 40-45 woman who has just confessed of her Kin-doki practices (she was made a Ndoki by husband after eating meat), goes through purification process after group forgiveness.



Figure 7. The laying of hands on patients and choir members who renew their allegiance to the prophet and the therapeutic process.



Figure 8. The guardian and the nurse were healed by the prophet and have become members of the healing band.



Question: Through your power, how many people have you "eaten" already?

Reply: Eighteen persons.

At this point, the woman lists the names of the people she has "eaten." Everyone looks at her in astonishment. No-one could understand how just one person could have harmed so many persons.

Question: Why are you ill, since you are Ndoki?

Reply: The first person I "ate" was a Muluba boy who had just finished his studies. His father often lamented the tragic death of his son, this boy on whom he had built all his hopes and for whom he had spent large sums of money without gaining anything from it. This same father went to consult a Nganga (medicine man) who gave him magic powder to cause harm or rather to reverse the process toward the person who had been the cause of the death of his only child. It happened one night, as I went about in my plane, I suddenly perceived someone throwing this magic powder in my face; fortunately turning my eyes away, it only touched the right cheek and spreading across, it inflamed the whole cheek. Since then I began to be in pain. I have been to many hospitals, but with no results. I am here to ask forgiveness from God and men so that I may be healed.

During her account everyone looked at the old woman scornfully. In the crowd someone said, "She's Ndoki, let her die, don't forgive her, for she alone has "eaten" several men. It's an evil act that cannot be condoned. She has cut off a large number of generations."

But the prophet said then that God is merciful and that he forgives everyone according to the measure of his fault.

One last question is put to the old woman: "Do you wish to repent?" She replied that she wanted to, so that she could be healed. The prophet then put the question to the audience: "Who

has committed this evil, this woman or the father of the child she 'ate?" The reply was immediate, everyone cried out, "It's this evil woman's fault." And then the prophet faced the audience and said: "This woman asks forgiveness and recognizes her evil deeds. Do you want her to be forgiven?" The audience replies: "Yes, we do." And then the prophet and the audience repeated the ceremonial healing doxology:

Prophet: That which has been untied on earth (said in Kikongo)

Audience: Is also untied by God in the heavens;

Prophet: The voice of people is the voice of . . . (said in French)

Audience: God.<sup>27</sup>

The old woman got down from the chair and a bucket of water was thrown over her head in order to chase away the evil spirits which were haunting her. The prophet recommended her to go to the hospital for medication and gave her a card on which was printed a prayer to repeat every morning. (See the Appendix.)

It is difficult to comment on this case as I did not have occasion of following it up as I was about to leave Kinshasa.<sup>28</sup>

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<sup>27</sup>Ceremonial healing doxology: first part said in Kikongo: Prophet: Dikutulu va ntoto... Audience: Dikutulu mu zulu. Second part in French: Prophet: la voix du peuple; c'est la voix de... Audience: Dieu.

<sup>28</sup>The tape recording I made of the interview was not clear as there were too many people talking around.

But at the end of the session, I talked with the old woman who seemed to be quite confused, depressed and disappointed that she had no children of her own. She desperately wanted children, but she was divorced by her husband when she became sick. Do her feelings of flying symbolize her continuing expectations to have children? She had an incredible admiration for the butterfly; it represented to her beauty and fragility. It is the tender and the beauty of the child she was seeking for.

There does not seem to be any connection between her father and her becoming a Ndoki; her being Ndoki and her being bewitched. She had confusing memories of her father. It seems that she was using her dead father as a passive way of dealing with her husband who deserted her when she became sick. Her feelings of bewitchment seemed to be saying: "I am sick. I am not sure of the origin of my sickness. It could be due to my own attitudes toward other people which made other people hate me and will me to become sick. I am tired of it, and I want to get well."

Even though the prophet's emphasis was too much on Kindoki, his approach of making the old woman responsible for her evil attitudes (deeds) was an effective way of changing blame of others into accepting one's responsibility in order to facilitate growth, forgiveness and healing. The support and recognition of her being a person by the prophet and the audience gave the old woman new courage to try to live again. The prophet's emphasis of turning away from the demonic power to the power of God's love for man is one religious therapeutic dynamic in the healing process.

## CHAPTER V

AFRICAN TRADITIONAL PSYCHOTHERAPIES: A BRIEF THEOLOGICAL  
APPLICATION IN THE CONTEXT OF GLOBAL PSYCHOTHERAPY

## INTRODUCTION

Case studies in this chapter are intended to illustrate the therapeutic value of getting in touch with the different worlds of the patient. Global psychotherapy deals with that which is on the level of awareness and that which is hidden in the personality of the individual as well as in the basic personality of society.

Getting in touch with the world of the patient should not be confined to the magical world, as traditional psychotherapies have the tendency to do by using various cultural symbolisms. This prevents traditional psychotherapies from developing healing processes. Such processes could expose social pathologies which contribute to the creation of anxiety, panic, stress reactions, or neurosis in the personality of individuals. Even though global psychotherapy works within the existing cultural symbolisms and pathologies by using various social and cultural groups in therapy, it also challenges the very basic sources of dysfunction in the culture and society as well. The basic mistrust which upsets the balance of trust in the individual's personality development is partly due to beliefs in Kindoki which create, to a certain extent, cultural, social and personal paranoia, as these case studies will illustrate.

## CASE STUDY NO. 8

Feelings of Being Hunted

This case was presented in a counseling class by Mrs. L. Coletta, an American student who was working at a college as a Foreign Student Advisor and Counselor, and is used with her permission.

Identifying Data

Hailie Talefaye, born in Africa, Ethiopia; 21 years of age; eight brothers and sisters. Parents deceased. Student at Chapman College.

Chief Complaints

Has great difficulty in making decisions. Difficulty in initiating conversation or discussion. Feels unloved, unwanted, unneeded. He has been in the United States for three years and is finding difficulty in being accepted.

Nature of Present Problem

Combination of cultural and psychological problem. On first visit with me he was pleased with himself that he could talk openly about himself. He has had great difficulty in disclosing his feelings. While at Howard University he was invited to a sensitivity group in his dorm and was "shocked" at what happened. Re-acted by totally

withdrawing. Remembers being told he was "different"; "aloof"; "selfish"; "snobbish."

He feels his good traits are patience and quietness for which he has been commended by adults, teachers, those in positions of authority.

Talefaye's mother died on his tenth birthday and he felt it was a definite punishment of some sort according to their culture. Then his father died six months after the mother's death and Talefaye carried this guilt also that his father's death was caused by broken-heartedness over loss of mother (which goes back to himself directly since she died on his birthday). His older brother raised him when he was not away at the missionary boarding school. He was separated from other brothers and sisters who were older and one younger sister. He has never expressed any feeling of love, warmth or anger toward anyone. He claims this is the first time he has talked with anyone concerning his parents' death and his birthday.

He would return to his parents home often after the death and "talk" with them. Now in the United States he feels everyone in the class watches him as do the black police officers (he believes they are spies from Ethiopia) because he is against the established government of Ethiopia. He plays a vicarious gratification suffering role for what he feels he did for his family.

Mother

He remembers her as a warm, loving person always fixing meals for guests and relatives. He recalls her reading to him, making clothes, teaching him many things. He recalls her death on his birthday coming after a visit to the hospital when she read to him and played with him in her hospital room. Died of a heart attack.

Father

Died of hypertension. Recalls father as a warm, loving person, taking him on trips with him, teaching him things about the soil.

Diagnosis

Psychoneurotic disorder (Acrapobia), other phobic reactions. In coping with his fears and anxieties, he has become retiring, inhibited, apathetic, unassuming, submissive, overconforming in most areas. He carried feelings of guilt, self-blame. The dynamics of his phobia:

- (1) He may soon be destroyed by his fears and withdrawal.
- (2) He can no longer deal with them effectively.
- (3) He now sees other things happening to him (police).

Prognosis

(1) Some hope. He came on his own and has talked somewhat freely.

- (2) Beginning some focus by talking of parents' death.
- (3) Has made attempt at making some decisions on his own.
- (4) Responded to some suggestions on being with people (moved into dormitory and shares a room with another person). Also attended a small group party last week.
- (5) Has functional significance beyond neurotic core with some concerns (government).

#### Treatment Plan

- (1) Continue with some of the same as the last few weeks (recording decisions; becoming aware of decisions he makes).
- (2) Have asked him to write about his mother and father, getting him to focus on source of his phobia.
- (3) Had him write a letter to his brother and wife expressing love and gratitude for the care they have shown. He has never been able to do this.
- (4) Had him "dialogue" on paper with his internalized fear. He couldn't do it speaking. He found a new awareness of himself, but mentioned it bothered him and he didn't like his new self that was emerging.

#### Some Remarks

The fear of being destroyed by the black policemen represents the unresolved guilt-feeling he has toward his dead parents. He probably feels guilty for being responsible for his mother's death.



He has transferred this "father-mother guilt" toward the Ethiopian government he is criticizing. He is being irresponsible not only by criticizing his government (his mother and father), but also by not assuming the responsibility as a member of the clan. He never writes to his brothers and sisters.

As the dead parents (father and mother) come to visit him in the States in the symbolic representation of the black policemen and in dreams, Talefaye needs to get in touch with them. Crying will bring about laugh, joy and peace, as it will be one way of getting in a positive touch with them. His crying will bring about healing as it is a sign of participating in the sorrow of the clan experienced. It will be a call to the parents for help. These are protective spirits of the unknown, willing and waiting to help anyone who opens his mind to receive their guidance.

The ancestors are not distant. They are not against the living, but the living needs to make the first step toward reconciliation, so that the ancestors could participate in the process of bringing wholeness. J. Mbiti has made this observation:

The departed, whether parents, brothers, sisters or children, form part of the family, and must therefore be kept in touch with their surviving relatives. Liberation and the giving of food to the departed are tokens of fellowship, hospitality and respect; the drink and food so given are symbols of family continuity and contact.<sup>29</sup>

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<sup>29</sup>John S. Mbiti, Concepts of God in Africa (New York: Praeger, 1970), p. 9.

Talefaye may also need to be presented with the reality of the presence of the living God who has, through Christ, put the threatening powers under his feet. (Romans 8:28ff)

#### CASE STUDY NO. 9

##### Neurotic Guilt with Psychosexual Symptoms

In 1970 while in Kinshasa, a European who was pastoring a church asked me to talk to one of his parishioners whose problem he could not understand. Mafwana, a young woman who had just been divorced believed that her fate was the result of her entering marriage without the approval of her relatives at the village. Within a month after separation from her husband, she developed a high degree of anxiety and depression. She had dreams of wrongdoings and punishment as her conscience was troubled. She resented her husband but repressed this resentment because violence and aggression were unaccepted moral values in her life. She loved men and hated them at the same time. Most of the men she loved became also enemies who persecuted her in dreams. Mafwana became very talkative without control and dreamed a lot. She reported dreams in which her dead grandfather told her to kill a pig for her uncle who had died a few weeks after she had contracted the marriage he disapproved, and go to the cemetery to pour wine on the gravestone and to ask for forgiveness. Mafwana was afraid to do so as the practice seemed to be against her Christian beliefs. At my insistence she went to the village where the reconciliation ritual went smoothly. On her return

to Kinshasa she was a new person having fully recovered from her anxiety. She had come to terms not only with the ancestor, the relatives and the former husband, but also with herself. She felt at peace. Her separation from her husband is accepted with grace and without accusation. She sees the world as good, and forgiving. She is proud of her peace with herself and with the world (people, principles, etc.). She develops a sense of humility. She feels responsible for her actions and has become responsible toward her child. Pride and humility were reconciled as she became "the hero and not the humble servant."<sup>30</sup> She experienced a catharsis which helped her affirm her real self.

Mafwana's dreams and hallucinations with psychosexual and psychosocial symbolisms are suggestive of neurotic guilt.<sup>31</sup> The dreams brought into awareness the gentle warmth, affection and lifestyle (formalism) of the grandfather. As a Christian minister, he raised the granddaughter in a closed system of social interaction and sexual values. The grandfather's masculinity and affection were the best experiences and value system she relied on while developing socially and sexually. As an adult, she was still a protected child, married emotionally to the grandfather. When making love with her husband she had hallucinations of being spanked by the grandfather.

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<sup>30</sup>A. Maslow, Toward a Psychology of Being (Princeton: Van Nostrand, 1962), p. 114.

<sup>31</sup>Neurotic guilt consists of the punishment of her inner Child by the inner Parent (grandfather), as the expectations of the Parents were not followed.

With the grandfather's death Mafwana's affective capacities went dead because they were part of an abortive ego-identity formation which failed to expand outside the grandfather-grandaughter boundaries of identity formation.

The unconscious grandfather-presence in her inner personality (neurotic guilt), the conscious violation of traditional marital standards (real guilt) precipitated her neurosis. She was overtired; she lacked sensitivity toward her husband "with whom I have this illegitimate child."<sup>32</sup> Thus, even though Mafwana had experienced a discharge of guilt feelings after the traditional Parent-Child therapeutic catharsis, it was necessary to have a few follow-up therapeutic sessions. Other deeper psychological factors were brought into awareness in order to prevent a relapse and help her to function better in other relationships. Through the first two interviews prior to going to the village, Mafwana became aware of the reconciling and forgiving power of the christian gospel. Her going to the village served not only as a catharthic disciplinary sanction, but also as an effective therapy for her growth.

Mafwana gained a sense of self-worth as she experienced acceptance of the members of her clan and also accepted herself. The Parent-Child path to forgiveness which brought a spiritual orgasm, made her ready to move, within the environment of psychotherapy, into

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<sup>32</sup>She expressed these feelings after the traditional therapeutic palaver.

the Adult ego state in her personality structure. As she continued to experience acceptance in the therapy sessions after the traditional therapeutic palaver, her punitive Inner Parent became less controlling. She achieved increasing inner freedom from compulsive legalism that has crippled her spontaneity and her mature decision-making capacities. She became aware of the fact that the need for dependence has to be balanced by the need for individuality, her uniqueness as a person, capable of choosing that which she feels satisfying. Self-forgiveness created an inner awareness of her human qualities and God's forgiving love.

It needs to be noted, that the traditional therapeutic approach provides immediate and appropriate corrective supportive therapy which may not necessarily lead a sophisticated patient toward permanent health and personality growth. The satisfaction of traditional demands and practices may create a temporary catharsis when used properly in some patients but should not always be the end of therapy. In some patients, the dynamic conflict in their inner personality structure which is not at the level of awareness should be brought to awareness by using such therapeutic approaches as Transactional Analysis,<sup>33</sup> thus enabling the patient to be aware of

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<sup>33</sup>The Parent represents not only the immediate parents, but also the other adults in the extended family, the ancestors and the traditional, social, religious prohibitions that the individual uses to block his authenticity and autonomy. The Parent represents the authority figure within the patient's personality structure. It needs to be remarked that progeniture which creates a permanent Parent-Child relationship can also be supportive therapy.

the Parent, Adult and Child ego states within himself. It is obvious that social personality type in the African group-ness contributed a great deal to the psychopathology of the two patients. The Adult and the Child in the two patients were so overpowered by the Parent or the Authority figure that the Adult lost its authenticity and autonomy.<sup>34</sup>

Thus, it is necessary that the traditional psychotherapeutic method of reconciling the patient with the authority figure (Child-Parent relationship) should be supplemented by helping the patient to enter into relationship with others and with himself on the Adult-Adult level of interaction. This enables the Adult ego state to gain confidence so that it can help the individual to test objective reality by processing objective data which comes from without, assimilating the necessary data in order to satisfy the inner world of the individual.

#### CASE STUDY NO. 10

##### Malungu Ndombasi

People who are not at some time in their lives, preferably early, exposed intimately to others who care enough about them both to love and discipline them will not learn to be responsible. For that failure they suffer all their lives.<sup>35</sup>

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<sup>34</sup>Eric Berne, Transactional Analysis in Psychotherapy (New York: Grove Press, 1961).

<sup>35</sup>William Glasser, Reality Therapy (New York: Harper & Row, 1965), p. 16.

### Identifying Data

Mulungu Ndombasi is about 56 years of age. He is married and has five children who are all married at the present time. He lives in the Commercial Center of Kimpese.<sup>36, 37</sup>

Mulungu Ndombasi works in a store as a janitor and helper to the salesman. He has no education but knows how to read and write. He has a coherent thinking even though he has difficulty thinking abstractly. He likes to joke and socialize with other people in some feminine manners. He is a very cheerful person.

He talked very openly about his problem without being ashamed, as it is usually difficult to see an older person freely be involved in a counseling relationship with a younger person. Probably his impression of me, which he formulated after my preaching at his church, helped to facilitate the relationship.

### Mulungu Ndombasi: A Verbatim<sup>38, 39</sup>

Mulungu: Good Morning. My name is Mulungu Ndombasi and I am a member of the Protestant Church of the Commercial Center.

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<sup>36</sup>The counseling of Mulungu Ndombasi and his wife took place between 1967 and 1969.

<sup>37</sup>This case appeared in J. Masamba, "Vers une approche pastorale de problèmes de la sorcellerie," Revue du Clergé Africain (January 1971), 12-20, and was entitled Cas Bernard.

<sup>38</sup>This is the first interview which was followed by a series of other interviews not reported in this study.

<sup>39</sup>Jean is the author.

Jean: Good Morning, Tata Ndombasi, please sit down. How can I be of help to you?

Mulungu: I'd be glad if you would give me a divorce certificate today. I've had enough. I was thinking of going to the local court; but my wife and I were baptized in this parish. I feel that I must come here before going to the court.

Jean: Tate Ndombasi, would you like us to talk first about your wife before we discuss the divorce certificate?

Mulungu: Certainly. But I have already spoken to several people and I can't get a satisfactory response.

Jean: I am more interested in what you can tell me about your problem than in what other people have said to you.

Mulungu: I appreciate your wanting me to talk to you about my problem. . . For the past three years, the wife has had no respect for me at all. I can't take it any longer. I've left her in the house by herself because I can't see why I should remain there under the same roof with her.

Jean: You've had enough, you said. Since you left your wife, have you discussed your problem with someone to help you towards a reconciliation?

Mulungu: Well, yes. I have even got the whole family together to help us. But they don't understand the problem.

Jean: You said that your wife has no respect for you. In what way do you mean?

Mulungu: (In a very emotional tone of voice) Pastor, how can your wife respect you when she acts like a man and takes over your role?

Jean: Do you want to know what I would think if my wife assumed my role as father of the family?

Mulungu: Not just that. But when she monopolizes everything in the house. She's really bad; she has no respect whatsoever.

Jean: Your wife runs everything and has no respect for you.

Mulungu: That's it, exactly.

Jean: I'd like you to tell me about the situation in which she had a monopoly in your relationship or in her relationship with the family.



Mulungu: When it's a case of blaming the children, the wretched woman won't support decisions I make. She contradicts me, she knows that the children belong to her, so she changes my decisions all the time.

Jean: Let's pretend that one of your children is in this office. He is sitting at the end of the table there. He does something amiss and you have to have a talk with him. Talk to him now.

Mulungu: My son comes home from school and asks me to give him the suit I often wear, because the school requires every child to wear a suit. I tell him; 'Go and ask your mother what she thinks about it.' The boy goes out and talks with his mother. Then, in the evening, I see him wearing the suit.

Jean: Your tone of voice indicates that you don't want the boy to have the suit.

Mulungu: I couldn't say no to this woman. I thought she could understand me, as I didn't speak to her for two days.

Jean: Mulungu, what is your wife's name?

Mulungu: (There was a long silence before he spoke.) Her name is Mary. . .

Jean: From what you have just told me, you haven't told Mary that you didn't want to give the suit to your son. Does she know that your silence is a sign of your dissatisfaction because of a decision of hers?

Mulungu: I didn't tell her that; she could understand, she's intelligent.

Jean: What do you think of Mary when she doesn't seem to grasp what you're thinking?

Mulungu: I think she knows what she's doing; she just likes to contradict me.

Jean: Tell me about another occasion when Mary contradicted you.

Mulungu: When the boy who wanted to marry our daughter came to tell me so, I suggested he speak with my wife and then tell me her decision. Later, the boy told me that she had given a general agreement. I was really mad about her saying that.

Jean: Your wife's general consent irritated you?

Mulungu: Yes. Because she should have talked it over with me. It's the uncles in the village who make a decision about the children's marriage, not the mother.

Jean: I know that. But you should have sent the boy to the village to talk with the uncles. But you sent him to talk to the girls' mother, your wife. Isn't that so?

Mulungu: Yes, that's right. But she's still wrong to give an agreement.

Jean: What sort of agreement did she give?

Mulungu: She said it depended on me and on the uncles in the village.

Jean: I can't see how Mary has monopolized the decision if her acceptance was such that it still depended on you and the uncles in the village.

Mulungu: Yes, but I really didn't like the boy. But he still married my daughter. And it's since then that I've been feeling sick. The uncles in the village were aware that I didn't really like the boy.

Jean: Since then, you've been ill. Tell me about your illness.

Mulungu: I've had treatment in various places. I have been in various hospitals and visited several healers, but I am still sick. Wherever I am, I hear voices of invisible men speaking to me, I see stones hurled at me, and insects gnawing at my brain. Do you see the skin on my arms? It's dry; I have no more life. See these wounds on my feet? I cannot sleep. There are sorcerers in the night. During the day, no-one understands me. I've really had all I can take.

Jean: You've just told me you hear voices of sorcerers; tell me what they say.

Mulungu: I just hear the voices, but I can't tell what they say.

Jean: Ask the person who's speaking to you to explain what he's saying to you.

Mulungu: No. How can I talk to this creature who is so much cleverer than I? I'm just not bold enough; and every time I try to speak, I get so frightened that I can't even open my mouth.

Jean: Do you recognize the voices of particular sorcerers who speak to you and the faces of people in the group?

Mulungu: Yes. The one I recognize most clearly is my wife's voice. Do you know what she does in the night? When I see her in a dream, she's approaching the house. She enters in some miraculous manner, and gets into bed. She robs me of my penis and attaches it on her own body and transfers her vagina and breasts to me. Do you see what she's doing? She makes a woman of me. Now, pastor, how do you imagine I can live with a sorceress? I've had this dream three times in succession. I have woken her to tell her about it, but she wouldn't even pay any attention. Still she refuses to agree that she is a sorceress.

Jean: In the dream, where does your wife come from when she enters the house?

Mulungu: I really don't know. I haven't even dared to ask her. But she is often in the company of other people with whom she has conspired during the night to kill me.

Jean: Tell your wife that you suspect her.

Mulungu: No. She wouldn't agree. But she knows that I am aware of what she does with other men.

Jean: When Mary goes to bed, does she try to have sexual relations with you before stealing your penis?

Mulungu: I am often terrified when she gets into bed. I agree to be together with her; but I really don't like sexual relations when I discover I have her genitals instead of my own. She makes me go on, but it's awful! What a scheming unchristian Ndoki she is!

Jean: I notice how terrified you are now, just like you're under bewitchment. Talk to your wife now, and let her know how you feel.

Mulungu: Heavens, no. How could I? She scares the life out of me.

Jean: You don't often have the courage to really talk with your wife, even to tell her what is really happening inside of you. . . What is her attitude to you, when you don't let her continue to enjoy her sexuality?

Mulungu: She is so masculine, and I detest that. She accuses me of being a weak, impotent man. That's why I believe she looks around for other men.

Jean: Mulungu, what your wife does during the day she also does at night, because you seem to appear weaker than she is. Could you compare this relationship with that of yourself and your mother?

Mulungu: My father died when I was ten years old, and my mother brought me up. She was too good to me; she did everything for me. She was overprotective. My wife had all the characteristics of my mother! That's why I really got along well with her. But she's changed lately. Till then she took good care of me and was very faithful.

Jean: You appreciate and belittle your wife at the same time.

Mulungu: I used to appreciate her courage. But I am sorry that she became a Ndoki a few years ago.

Jean: I sense feelings of jealousy of what she does, because you're not able to do it, and be like her.

Mulungu: I cannot do it; I'm not the sly type that she is. She's feminine during the day, and masculine at night. I can't compete with her, and my friends really criticize me a lot. I do not know how to become a better father.

Jean: You are beginning to understand the situation. You must look for ways of asserting yourself as father of the family and your wife's husband. Your friends cannot teach you that. What do you think you can do to exercise your role as husband and head of the household?

Mulungu: I don't know. I beg you, come to the house first, and sprinkle some holy water so that the Ndoki won't come in any more. The catholics do that for their members. Won't you, too? All these wounds you see in my legs have been given me by sorcerers. They just eat my body at night. To protect myself, I light thirteen oil-lamps and put twelve of them around me as a symbol of Jesus' twelve apostles; and I put one between my legs as a sign of the presence of Jesus Himself. But one evening, insects, my wife's soldier sorcerers, were so numerous and so powerful that in chasing them away I burned myself badly with the lamp that was between my legs. I really am suffering. Can't you see these insects coming? I cannot rest. I'm more dead than alive. I haven't slept at all since my wife left the house.

Jean: What a plight! What does your wife say about this situation?

Mulungu: I know she sends the insects. Since she quit living in the house, I dream more than ever before. She wants me to die, and that's all about it. Come to the house and you'll see what I mean about all the suffering I'm going through.

Jean: I'd like to talk with your wife this afternoon and I'll come to the house tonight. (Mary came to the office and confirmed that she had left the home because of her husbands' accusing her of being a Ndoki.) There is something you must understand. You dream about things which reflect your own inner conflicts. Often, situations which we create but don't resolve become transformed into images which frighten us. False realities which you have created overwhelm you. You have only thought of your wife as a Ndoki, for about four years. It could be that it's your attitude toward her and toward yourself, influenced by your friends, which creates hostility inside you which you're throwing toward your wife. Think about it. You have created a situation for yourself which is overwhelming you and subsequently it is turning itself against you. It may be that your wife is unkind to you, and dominates you, but she also possesses some good qualities that could make you really proud of her. But, instead, you are jealous of your wife, because you feel inferior and consequently threatened. It is not necessary to compete with Mama Mary. You must love her. And you must try to assert yourself as head of the family. Decide things together! You can't change anything if you consider your wife as an enemy, a Ndoki. You can't love someone of whom you are afraid.

Mulungu: Pastor, I do regard Mama Mary as an enemy. And in recent years I have felt guilty of not recognizing my wife's good points. I was afraid of her when she showed herself to be too domineering after remarks that my friends at work made. As a result, I couldn't love her because I've made an enemy of her. We've lived in this state all through the past few years. I have really hated her. I have persecuted her because I've held her responsible for my illness. I haven't put into practice the command of Jesus: 'Love one another.' What should I do to change this situation?

Jean: Mulungu, you are on the road to recovery. There are two things you must do now to start with. First, as you say, you must love your wife. The Bible tells us: 'He who loves is of God.' You must both seek the solution of your problem together. You must talk about it seeking to resolve it. Secondly you must learn to entrust to God your illnesses, your conflicts, and this situation which you consider one of sorcery. God controls the forces of evil which are committed to Him.

The apostle Paul said:

Who shall bring any charge against God's elect? It is God who justifies; who is to condemn? Is it Christ Jesus who died, yes, who was raised from the dead, who is at the right hand of God, who indeed intercedes for us? Who shall separate us from the love of Christ? Shall tribulation, or distress, or persecution, or famine, or nakedness, or peril, or sword? . . . In all these things we are more than conquerors through Him who loved us. For I am sure that neither death, nor life, nor angels, nor principalities, nor things present, nor things to come, nor powers, nor height, nor depth, nor anything else in all creation, will be able to separate us from the love of God in Christ Jesus our Lord.

You can live according to the promise of this man of God if you choose to do so.

Mulungu: I believe that the love of God can change everything. Mama Mary really wanted to help me at the hospital, but I refused her help. I decided to do it alone. Now I should like to try living with God again. . . But please do come to the house anyway, and pray with me. I believe that Jesus Christ can liberate me from my suffering. I'll expect you.

### Chief Complaint

Mulungu Ndombasi came to the office to require the recommendation of the church for divorce. He complained that his wife had no respect for him and that her attitudes toward him had caused his illness. I asked him to tell me how and why she did not respect him.

### The wife's lack of respect: Mulungu's interpretation.

Mulungu Ndombasi reported several incidents in which his wife was accused for not respecting him. Here are two:

(1) In early 1965 his son who was in high school asked him to buy him a new suit as required by the school for his graduation. The father told his son to ask his mother. As the couple found it

impossible to buy new clothes for the boy because of financial difficulties, the mother suggested that the boy be given one of the fathers' suits. The fathers' suits. The father gave the suit even though he did not accept this idea. However, he never showed his disagreement. What complicated the problem is the fact that the mother bought a suitcase for the boy without letting the father know about it.

(2) In July 1966 a young man came to Mulungu Ndombasi's with a letter he had written asking Ndombasi's consent to marry his daughter. Ndombasi sent the young man to his wife to see what she would say. Mama Mary told the boy of her consent but added that the letter had to be sent to the daughter's uncles at the village. Mulungu Ndombasi was unhappy of his wife's suggestion which she had made without consulting him.

I asked him since when his wife started making decisions by herself. "I has always been so since the begining of our marriage" he said; "but it started irritating me when discussing the incidents with some of my friends. They pointed out to me and I realized how masculine my wife is."

Observation of the Therapist. Mulungu Ndombasi never questioned his wife's decision-making abilities. He lost his father at an early age and he had only one uncle who lived far from his sister. Mulungu Ndombasi, therefore, had no male image. He was always afraid of boys as they joked about his being skinny. He was very dependent on his mother who made most of the decisions for him.

As his wife was domineering, to a great extent in order to get

things going in the family, Mulungu Ndombasi, was happy. He was secure as he thought of himself as being in his mother's hands until his friends pointed out to him a social status he was not satisfying as a man. He became critical and competitive as his wife was a threat to him.

#### Physical illness: The Patient's Diagnosis

A few weeks after Mulungu Ndombasi's anger toward his wife began, he started having the following illnesses:

Illnesses. (1) He lost his appetite and was unable to sleep at ease. He had violent headaches and constipation. (2) His skin started drying up. (3) He heard voices and saw small objects (small rocks, peanuts, skin, and sand) that were being thrown at him or were falling on his head "like drops of rain." He also saw small insects that were trying to attack him.

Interpretation. He continually had dreams. Here is one of the dreams that threatened him most and which served as a clue for interpretation:

It is midnight. He is sleeping on his bed while his wife is sleeping on another bed. Miraculously he hears voices of people outside. They come to the door. His wife enters in, the other people went back. The wife comes near to him. She wants sex, but she steals her husband's penis and puts it where her vagina is and gives her sexual organ to the husband. A few minutes after the sexual



intercourse started the husband feels pain and he is frightened by the fact that he is a woman. He wakes up.

He asks his wife why she is being a Ndoki and is playing such a trick on him. The wife is upset and leaves the house that same night. She went to her brother's house. That same night, Mulungu Ndombasi had that dream several times.

The following day, members of Mulungu Ndombasi's clan and his wife's got together to settle the affair. No agreement was reached as Mulungu's wife did not accept that she was a Ndoki.

He went to the dispensary, but they could not find anything pathological and was hospitalized at Institut Medical Evangelique (IME). This contributed to Mulungu's belief that his wife is a Ndoki and that she wills him to die.

#### The Therapist's Interpretation

The emotional course of Mulungu Ndombasi was obvious. He was suffering from an inferiority complex. He felt that he was being rejected by his wife. He felt that he was being persecuted. He became paranoid. He had illusions of a distorted perception of the world around him. Through therapy he dialogued (role-playing and real dialogue) with his wife and I pointed to him how much he was always being afraid to make decisions and had told his wife to decide for him. The dialogue also revealed how much hatred he had developed toward his wife. I pointed to him how his inferiority complex made his wife become a man in the dream. What seemed to be sexual was only

contextual; the perverted sex organs represented a personality distortion of the dreamer. He had an important need to fulfill, that is, to be affirmed as an individual, even in his feminine performances. This affirmation made through love, understanding and acceptance of his humanness, is the key to restoration and growth. His feminine performance cannot change unless he is affirmed.

This teaching was not easy to be understood by Mama Mary. Her aggressiveness made it difficult for her to show not only affection but even tenderness. Her being accused of sorcery contributed more to her farther distancing from Mulungu Ndombasi.

Mulungu's nightmares disappeared together with some of his physical pain, and his skin disorder. But he continued to hear voices occasionally. I recommended a thorough physical examination which revealed that he had two bad teeth with cavities for which he first received iodine and codiene and then were taken out afterward; and that he had venereal disease which infected a part of his brain. He received the treatment which helped him only partly since his syphilis had reached the tertiary stage of development, affecting his central nervous system and his vision. His eyes were examined and were in good condition.

The couple decided to go back together again. I sent him to a doctor for some sleeping pills and some tranquilizers. I recommended that if they went back together, members of the two clans should participate in the reconciliation ceremony which was never done. On my recommendation his wife was examined and treated before sexual intercourse.

Nature of the Present Problem (March 1971)

On March 2nd, I received a letter from Mulungu Ndombasi in which he wrote (some excerpts):

Kimpese, February 22, 1971

I am living now the life of the Holy Spirit. The illness (nkisi=fetich) they injected into my body is alive there again. The bullets are there, but he (or she) is not successful yet to kill me with the gun.

I have died seven times since you left, and I have been brought to life seven times. Today, I am alive, I am alive, I am alive in the name of God. Do you know, in my house, who causes the illness in my body? The conflict with my wife is still very alive. She does not even give me any food. I have to take care of myself. My children do not love me any more because I am sick, even though I love them very much. They are following in the same path as their mother's. They have taken with them all my possessions. I even have no bed to sleep on. They all prefer to see me die than to be alive. I still have trust in God.<sup>40</sup>

Diagnosis

Obviously the letter reveals that there was a relapse in the relationship. The problem is to know what other factors contributing to the tension are present. Is it caused by personality problems or by the cultural interpretation of the patient of his physical illness?

The effects of his previous venereal disease is a possible cause of a physical ailment.

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<sup>40</sup>Translated from Kikongo.

It is obvious that Mulungu Ndombasi has developed a psychotic paranoid personality precipitated not only by cultural symbolism in Kindoki, but also by chronic brain syndrome associated with the central nervous system.

#### Treatment Plan

It has been difficult to establish a treatment plan because of the distance between us, lack of cooperation with the medical staff at Kimpese whose knowledge in mental illness and cultural dynamism in African patients is questionable to me. I also need to get more information on the nature of his recent illness as my diagnosis has been only tentative. In my reply, however, I made the following attempts for getting information and offering the following self-help plan:

(1) He was reminded that the disease which was discovered in 1967 (I never explained to him what it was) will not completely be cured but that he should continue to see the doctor for medication. A letter was sent to a nearby doctor who could check him again. As the therapist seemed to be his security provider; as transference was playing a big role in providing his security, some medication was sent to him proposed by a doctor to be given to him by a local nurse.

(2) I asked him to tell me if he ever had any sexual relations with another woman before or in 1967. This information might help me to confront him more directly in case he contracted the disease, so to help him assume personal responsibility in his psychopathology.

(3) I also stressed the fact that trying to find sorcerers who are responsible for "my illness" is not necessarily going to solve your problems. You can also see your wife as a sorcerer if you do not really love and trust her. Your children and your wife may turn against you if you denounce them publically, accusing them of sorcery, threatening their own images as human beings. You also have authority over your children. I do not see why and how you have to let them come and take all your belongings from you. This is something that only your nephews and nieces can do, according to our customs. If they really have done so, why don't you accuse them to the court?

(4) I also asked him to let me know what his plan was in relation to his wife.

(5) Exchange of letters between both of us has helped him restore his sense of security and know that there is someone who cares and that he is a worthwhile individual.<sup>41</sup>

### Prognosis

The outcome would be better if:

(1) Mulungu Ndombasi, his wife and the children could be involved in group counseling so that Mulungu Ndombasi can be accepted as a person.

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<sup>41</sup>I am anticipating to do a "psychobiological personality study" of Mulungu Ndombasi alongside with some other patients who claim to be under bewitchment. Such comparative studies might make a tremendous contribution to measuring personality in relationship to belief, personality and physiology.

(2) If Mulungu Ndombasi could rely not only on popular interpretation of illness, but also see other possibilities, especially the part he is playing in his illness by not assuming his responsibilities (leadership in the home) as husband and father.

(3) Another possibility for his relief is to completely divorce himself from his wife. It should be noted that when he left his wife to live in Kitobola, his illness disappeared. But when he went back to Kimpese to live again with his wife he started having delusions and pains. The lack of affection from his wife is a powerful force that reinforces Mulungu Ndombasi's sense of unworthiness and inferiority, to which, in an effort to affirm himself as a human being, he responds by neurotic illnesses. His being separated from his wife and establishing meaningful relationships with other people who accepted and affirmed him became therapeutic. He assumed a certain independence and became responsible. The environment, his wife and his children, which presented an unloving and exploiting atmosphere, was far enough away that it had little influence on his depression. This period was very significant to him as it allowed him to feel as a human being. His pains and delusions disappeared. But his return to Kimpese to live with his wife, reinforced his dependency needs expecting to receive the motherly care he never received from her.

Unless a change of attitude occurs in the family structure, Mulungu Ndombasi is going to continue to suffer from rejection and persecution. He needs to live with people who can become significant

ones to him and from whom he can receive the affirmation of his worthfulness as a human being.<sup>42</sup>

## CASE STUDY NO. 11

### Sexual Impotency

#### Identifying Data

Albert was in his fifties.<sup>43</sup> Ten years before (1958) he started a personal business which made him a well-to-do person.

From 1957 to 1960 Albert Ngimbi was a very active member of the local chapter of the then political party of the Bakongo, called ABAKO. He even became one of the political leaders of the area.

His material prosperity was an occasion for his second marriage in 1960. From 1960 to 1965 he lived with his two wives and had a happy sexual life, till he started living with an 18 year old girl, named N'Simba. N' Simba was a school girl and engaged to an "educated" man before she became Albert's "wife." His economic

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<sup>42</sup>In February 1972 I took an unexpected trip to Zaire. On February 18th I went down to Kimpese. When Mulungu Ndombasi heard that I was in town, he came to see me. He invited me to go visit his small store he had started in March 1971, a few weeks after my letter to him. He stated how releaved he was when he left his wife. Even though divorce was not finalized, he seemed happier and more productive than before. He was freed from bad dreams and bodily sensations, even though he reported still hearing voices once in a while. He affirmed his decision to leave his wife provided he could have growth, responsibility and security.

<sup>43</sup>First interview in February 1968.

situation, superior to that of the "educated" man, facilitated this relationship.

N'Simba lived with Albert for several years without going through the traditional channels of marriage. But, four weeks after N'Simba's arrival in the home, Albert started complaining about the following illnesses:

(1) He had pains spreading all over his body and sensations of coldness entering his body through his ears, rectum and nostrils. The pains intensified when he was in an enclosed area and at night. He became afraid and developed a lot of anxiety.

(2) A few days after the pains started, he became sexually impotent, first with his third wife and then with his first two wives. The erection of the penis was inhibited at the moment of sexual intercourse. A few days after, the erection was so weak that it was impossible to have sexual intercourse even with his third wife. He felt frustrated and defeated, not only because of a lack of sexual gratification, but also because he was unable to perform the function that a married man is assigned by the society.

He suffered no previous mental illness. A check up at the hospital revealed no indication of any pathology that could be the reason for his illnesses. His hormonal system was functioning normally. Even though it was impossible to get his medical history and that of his and his father's clan, the little information received indicated that the chances for a major illness among the members of the two kinships were very slight. He also lived a normal childhood



with his parents and his uncles.

He was born in one of the most agricultural areas of the Lower Zaire where he learned from his father and mother how to take care of himself by working in the fields. He grew up in the village with his parents, and four brothers and five sisters.

At the age of eight, he went to a catholic school near Sona Bata where he learned also how to cook, wash, and iron his clothes. This prepared him to become a more responsible person. After completing his two years of secondary school, he went to work as gorant for a Portuguese businessman.

He married his first wife when he was about 25. This wife was chosen by his uncles. In 1960 he married a second wife, not only for sexual purposes, but also to help him in his business.

There was no psychiatric tests that could be administered to him, but he seemed to have suffered from a phobic neurosis:

(1) He had a lot of anxiety which showed itself in his body being tense and aching all over.

(2) He developed a complex of persecution as he believed he was a failure in the eyes of the society. He avoided being in any closed area by himself. He blocked his ears with cotton and wore a heavy kakhi pair of pants to prevent the cold sensations from penetrating his body.

### The Patient's Interpretation of Illness

After an open evangelism meeting Albert said he did not need

to become a protestant (he was a catholic, non-active) but that he wanted us to pray for his illnesses and chase bad spirits out of his house.

One morning he came to my office to talk about his "deep problem" ("the pain which is in my heart"). He was very open about what was bothering him and gave several interpretations about the causes of his illnesses which coincided with the socio-cultural patterns of explanation. Sorcery and mystical powers were the pre-dominant factors.

In 1965, Albert N'Gimbi visited a N'Ganga who told him that his illness was due to the fact that his first two wives were jealous because he loved his younger wife more than his first two wives. He added that these first two wives had consulted a sorcerer who beat him up every night to cause him pains all over his body.

For treatment, the N'Ganga proposed that Albert should love his three wives equally without any discrimination. He also gave him a piece of wood to hang around his neck and a special kind of palm oil for massage. He assured the patient that the spirits that had turned against him will never come back to his house.

Back home, Albert seemed to be partially protected by the treatment he received: his sexual activities with his first two wives normalized, but remained unsuccessful with his third wife. He also continued to hear voices of insects. He went to the Belgian local priest of the Catholic Church in the middle of 1966. His prayer and purification ceremony did not improve the health of the patient.

By the end of 1966 his third wife left, returning to her village without a child. This added more anxiety and created a real sense of failure.

### Dreams and Diagnosis

Albert had many dreams which he shared with me and all of them had the same pattern of actions focusing on his being attacked by queer old men because of some relationship Albert had with girls. The following dream is one Albert had four times the night before he came for counseling:

I went hunting with my two uncles. I saw an antelope and after shooting it, I went near where the animal was bleeding. I was in the process of bending down to cut the antelope's throat when a man whom I could not recognize and who had two horns on his head, came and told me not to hurt the animal. He requested money if I wanted him to let me have the animal. To my surprise, the animal rose up and ran away. I told the man that I did not have money, but that I could ask my uncles to help me. I looked around and I was alone with this queer man. I did not know where my uncles had gone. I started crying and . . . I woke up.

He added by saying that the fourth time he had the same dream the antelope came back to see what was going on when Albert started crying. Albert was not sure what this dream meant. The only thing he was sure of was that the man in the dream was really a witch and the one asking for money to make him a witch.

Jean: It seems that the man you call a witch was ready to give the animal if you paid him the money he required.<sup>44</sup>

Albert: You know that man resembled somebody I know.

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<sup>44</sup>Jean is the author.

Jean: Imagine that he still resembles somebody you know today. Why don't you take your gun, ask your uncles and go hunting, kill the antelope and talk to the man. You can close your eyes if you want to. Make believe that you are really dreaming the same dream.

Albert: I'm not going to close my eyes, because this dream is just like a reality. (Albert started talking, unconsciously closing his eyes. Albert reconstructs the whole scene as it was in his dream. The man he says in the dream was Ya Lukau; he called him by this name. When Ya Mpambu approached Albert, Albert said to him: "You can only have the antelope if you pay for the girl you have been living with." Albert started crying when the antelope ran away while he was talking to Ya Mpambu.)

Jean: You feel sorry for yourself because the antelope cannot come back.

Albert: (He shakes his head as a sign of agreeing about the statement.)

Jean: Believe now that you are the antelope and Albert is calling you. Answer him.

Albert: I am not coming now until. . .

Jean: Until what?

Albert: (He opens his eyes.) I am sorry I cried. But I could not accept my wife going and leaving me alone. I am going to reveal the whole story to you. I have a younger wife that I have been living with for about three years. I have not paid the bride-price yet. Besides, I did not even get the approval of her uncles. I have been feeling ashamed of myself. The girl is also related to me as we have the same clan. I have had a lot of struggle with her for not giving her children and not marrying her. . .

Jean: She has just been your concubine, maybe even an animal that you could kill.

Albert: I have always felt ashamed of this act and I do not feel at ease when I am with her.

Jean: How can you feel at ease when she is not yours?

Albert: True. But I like her.

Jean: She seems to love you too. You remember what she did in your first dream when you were talking to her uncle?

Albert: She always sends me a lot of things. . . I am going to the village to get my uncles to arrange for the traditional marriage.

Jean: I can only encourage you to do so. This might be one of your problems behind your sexual difficulties with her. You have been violating the traditional set of values. I would like you to go to the village and finish the whole problem before you come back.

Albert went to the village the week following our session.

When he came back, he reported that the marriage ceremony at the village went well even though he had to pay a great amount of money for the wrong thing he did.

#### Some Remarks

Problem of Blood Relationship. There is another socio-cultural factor that contributed to Albert's anxiety. The clanic relationship existing between the man and the woman made them, according to tradition, brother and sister. Their co-habiting together made their sexual relationship incestuous. A marriage between (clanic) cousins was tolerated by the society if certain rites were performed. Albert violated this ethical standard.

In later conversations with Albert, I also discovered that he was afraid of his not performing his duty to a twin girl, N'Simba. The traditional beliefs attributed certain religious powers to twins. They were believed to communicate with ancestral and water spirits who can cause all sorts of misfortunes and illnesses. The traditional society gave a special treatment to twins. Albert's impotency was

seen by him unconsciously as a dissatisfaction of N'Simba's living, dead and spirit relatives.

Problem of Guilt and Responsibility. The basic problem connected to the sexual impotency of Albert and to his illness was guilt. In the traditional society the payment of the bride-price (total or partial payment) was a condition sine qua non of success in marriage, not only for the fertility of the wife, but also for the husband's sexuality.

Polygamy and the jealousy of the first two wives do not seem adequate explanation for causing the illness of the patient. Polygamy is a culturally acceptable form of marriage. Albert reported, and his two wives said, that they were in agreement with his having another wife. He did have some guilt feelings toward his first two wives even though they were in agreement. He thought that his wives may have thought he did not love them very much. This guilt disturbed his sexual relationship with his first two wives, temporarily.

His guilt feelings prevented him from meaningful sexual satisfaction. Ngimbi reported that for a period of time he did not have any orgasm. He became then tense and his body started having pains and aches and feeling tired. This is what is known as "fatigue-hypochondriasis." Ngimbi's generalized pains and aches may fit into one of Fenichel's interpretations of fatigue-hypochondriasis when he believed that it results from excess of sexual tension, that is, the lack of insufficient orgasm. As the person, Fenichel believed is unable to discharge his sexual excitement, he experiences the state

of tension from the conflict between the urges and the defending forces and from the sexual urges themselves. He is, then, tense, tired, irritable and usually develops generalized bodily complaints.<sup>45</sup>

Ngimbi's illness is in agreement with the African understanding of human acts: they never are neutral, for to the individual and/or the society. Any act that has been performed has effects on the individual and/or the clan. There is a reward if the act is in agreement with tradition; there is punishment when the act contradicts the tradition; that is, even existence of God and the ancestors. "Fidelity (to the culture) is a positive force while infidelity is a negative force. A bad moral act is asymbolic, it is an unacceptable act, stronger and cut off from the cultural system, thus harmful to the individual and to the society. . . The act calls for punishment to the guilty and the responsible person."<sup>46</sup>

Ngimbi's guilt was deep and it found expression in the way his body responded to the sexual act. Sex became meaningless as it was accompanied by guilt.

The presence of Ngimbi's uncles in the dream indicated also the estrangement he felt from people in the village because of his moral conduct. His uncles felt responsible for the situation created by members of their clan which could give rise to misfortune also the whole clan, because of the sin of one member of the clan can be

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<sup>45</sup>O. Finichel, The Psychoanalytic Theory of Neuroses (New York: Norton, 1945).

<sup>46</sup>Ma Mbang, op. cit., p. 319.

detrimental to the welfare of the community (clan). Ngimbi was aware of it and he felt guilty. He started becoming a borderline fear-guilt psychotic individual.

It is quite unusual that Ngimbi did not try to find sorcerers among his clansmen who he could have accused of being at the root of his sexual inadequacy. Because it is traditional that is usually accepted as a malefic power inflicted on the individual by outside agents. The sick person may feel guilty for his acts, but he usually throws the responsibility on the other clansmen, living or dead. The individual may accept to pay the penalty for his actions by buying a goat. But he assumes very little responsibility for the action alone. He justifies his behavior by using the outside forces -- ancestral spirits, sorcerers in the clan -- which weighs upon his conscience and makes him act the way he acts. This is the whole game about guilt and responsibility:

My misfortunes come from others. The real conflict is not between my impulses and reality, but between my conscience and those of the other people, mine almost between innocent, those of the others seeking to do me wrong or to hurt me unwillingly.<sup>47</sup>

The author of this study and Ma Mbong are not suggesting that the African cultures are characterized by shame. It has been said that the non-Western cultures are shame-riden as individuals lack internal sanctions of guilt and moral conscience. Kluckhohn and

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<sup>47</sup>Ibid., p. 320.



Leighton give the following explanation for the apparent absence of inner sanctions in Navaho children (American Indians):

...they have not internalized the standards of their parents and other elders but, rather, accept these standards as part of the external environment to which must be made. . . 'divine discontent' is an emotion foreign to the normal Navaho.<sup>48</sup>

Their theory seems to say that the Navaho are not socialized in the sense of having derived their ego-identity from their parents or social environment. They are only socialized in the sense of being responsive to the demands of their environment. The reasons for this "crowd personality" is fear of punishment and lack of privacy.

Shame naturally develops as a major sanction in societies where almost identical fears are shaped and in which there is so little privacy and such constant face-to-face relationships among the people who really count in each other's lives that small peccadillos cannot be hidden.<sup>49</sup>

These generalizations do not seem to be very substantial and have been proved inadequate by comparative psychometric data gathered by the Indian Education Study.<sup>50</sup>

Even though there has not been any comparative study made on the African cultures to support any conclusions, it seems obvious, after observations and counseling experiences that shame and guilt are present in most Africans. If guilt tends to project itself toward the other person, there is no evidence that the individual does not

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<sup>48</sup>Dorothea Leighton and Clyde Kluckhohn, Children of the People (Cambridge: Harvard University Press, 1947), p. 106.

<sup>49</sup>Ibid., p. 106.

<sup>50</sup>M. B. Singer, "Shame Cultures and Guilt Cultures", in G. Piers and M. B. Singer, Shame and Guilt (Springfield: Thomas, 1953), p. 64.

feel guilty. That which psychoanalysis calls projection of guilt may just be an accepted social diagnosis and cosmological interpretation of misfortune and illness which may have become pathological. An individual projected neurotic anxiety of unconscious guilt which we may characterize as shame may just be a socio-cultural pathology or rather a very conscious reference by the individual to the moral code and cosmology of his culture.

The African cultures, in normal circumstances seem to establish a balance between shame and guilt. There is shame as the anxiety aroused by the failure to live up to internalized authority ideal under unconscious threat of being abandoned. There is guilt as the anxiety aroused by the transgression of internalized authority prohibitions under the unconscious threat of mutilation. The balance is broken when there is pain, insecurity, fear and death when the individual loses the capacity to share his guilt, shame and anxiety with others, but rather blames others for his condition. But in general, and, as observed in group therapeutic palavers, the individual's tendency to socialize his guilt is mainly a need for support. It seems that social dynamic interactions facilitating transference contribute a great deal to what we consider externalization of guilt.<sup>51</sup>

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<sup>51</sup>Ma Mbong, *op. cit.*, p. 327, says: "La socialisation delivre l'individu et la societe, l'un de sa solitude, l'autre de sa recherche d'un coupable, tous deux, de leur peur. En effet, lorsqu'une faute est commise, la societe recherche activement le coupable, elle fait tout pour trouver un, meme si celui-la resque d'etre un innocent: c'est le probleme des Ordalies. Elle est comme etranglee par sa peur et l'aveu des actes commis est pour elle un immense soulagement, car celui qui avoue ses fautes signe par le meme acte sa culpabilite et sa responsabilite. On peut donc dire que l'aveu et la confession publique querissent plus la societe que le malade."

This tendency to find a scapegoat is reinforced by the group which renders corporate the sin of a member of the clan. The clan assumes the responsibility because it is to the clan that moral values have been passed over from the past generation and moral values are seen as unchangeable.

It is here that the Christian Gospel is relevant. The group needs to support the wrongdoer, accepting and loving him despite what he has done. The group should continue to enter into the purification rites with the individual who has done wrong, not for the sake of saving the clan from the wrath of the angry ancestors, that is, for the redemption of the clan, but for the growth of the wrongdoer. No one should love out of fear of self-destruction. The Christian love is offered to the world by God because He sees each person whom He created in His image as being a valuable being. This is the whole teaching of Jesus and the apostles. (I John 3.) There is a need for support and acceptance. But there can be no personality growth of the wrongdoer, very little recognition of self-hood, self-actualization if there is no confrontation alongside support and acceptance.

This socialization of guilt responsibility is not at the core of repetition compulsion which is observed in many patients with a weak ego strength. The self is so insignificant that they are overpowered and overpossessed by the "bad-me" which is "not-me" but the clan.

The culture of the past society responded to the repetition compulsion by what has been called "slavery." The individual was

rejected by being given (sold) to the other person, expecting that he might change. That form of punishment and rejection only show the weakness of socialization of sin and may not be used in modern society. Corporate sin, unless replaced by an attitude of love and confrontation, will continue to produce irresponsible personalities who are guilt-ridden individuals but who never accept their responsibilities. They are so defensive that they do not show any contrition, any feelings of guilt until the body and the mind start cracking down, as Ngimbi's did.

The church counseling services and ministers should be present in the midst of social gatherings and should encourage the group to participate in the catharsis experience not only as a means for the purification of the group, but also a means of letting the patient gain self-awareness of what he has been and who he is. The group and the individual should learn that love does not find its origin in man but in God (I John 4:10) and that we do not love because of our performance, but because we are important people in the plan of God.

There was an interplay of forces in Albert's illness. He did not measure up to his responsibilities as a man, satisfying his and his wife's sexual drive and assuring the progeniture of the wife's clan. Albert felt humiliated and reduced to a nothingness.

His healing came when he accepted the social-unacceptable ethical behavior he had performed. His interpretation of the causes of his illness were not denied, even though those causes were always attributed to people outside him. His interpretations served as

ground for discovering his inner self. But the dynamics of therapeutic relationships was centered around the patient's basic interpretation of his illness. It seems that this is the context in which therapy can be actualized and realized. Accepting the patient's own perception of reality and the personal meanings of his experiences affirmed him as a worthwhile being. He was then ready to accept a perception of his experience which helped him to connect himself to the world around him in a therapeutic way, by going to the village for reconciliation.

He also became aware of the fact that no one can move toward healing (salvation, wholeness) if he ignores the reality of guilt as a human personal reality. Healing is an attempt to move from guilt avoidance, that is, from irresponsibility to responsibility. Rites of confession, purification and incorporation within the clan restored his health.

## CONCLUSION

### Kindoki: Personal and Sociocultural Paranoia

There are many psychological dynamics which manifest themselves through beliefs in Kindoki. The human psyche is conditioned by man's inner and social dynamics. We already have seen conflict and guilt as two socio-psychoreligious dynamics inherent to man which are used by the bewitched to diagnose his illness in a well defined cultural pattern, that is, in symbolic forms characteristic to beliefs to Kindoki.

This raises some crucial questions: To what extent do beliefs in Kindoki reflect a deeply seated psychological problem of the patient? Can an anxiety-producing agent external to the patient always be located by the patient? If not, should the therapist bother to seek for this external anxiety-producer? What is the relationship between socially-defined beliefs in Kindoki which are a primary source of fear and anxiety due to fear of the Ndoki and imagined consequences of Kindoki (secondary source of anxiety)? Is Kindoki a learned response which serves to reduce anxiety? Is it a defensive, avoidance-response which the patient uses unconsciously to cover up his inner conflicts?

It is only one attempt to answer these questions by giving the general answer that beliefs in Kindoki are signs of schizophrenia or paranoia; people are suffering from delusions of persecution. But that answer is not fully satisfactory, even though sometimes delusions of persecution and beliefs in Kindoki have both a common denominator which is the representation of internal psychic responses. But to what extent do the beliefs in Kindoki also empirically represent the realities of the external world of things, spirits and human relationships and interactions? Beliefs in Kindoki represent symbolic interpretations of the patient's illness, misfortune and inner instability. These interpretations are already socially defined and the situation which evokes these interpretations at a given time are already conscious to the patient and to the community. Beliefs in Kindoki are commonly defined as an objective symbolism while

paranoid symbolism is defined as subjective representations of unconscious situations. Beliefs in Kindoki, therefore, emerge from socially accepted situations and their intentions are cognitively to explain these situations by finding an external sickness-producer in order to alleviate the anxiety and, through appropriate ritual counter-actions, produce healing.

The bewitched patient may be choosing the Ndoki as a representation of his own personal problems. Is he making this choice of the external agent because it is a culturally accepted means of dealing with the unconscious? Or is he making this choice as an accepted expressive symbolic form of delusion? Is there an independence between the bewitched and the Ndoki, in the sense that without the immediate influencing power of the Ndoki, the patient would not suffer from any reality of threat (misfortune, illness, persecution, etc.)?

Psychoanalysis seems to be pointing to the fact that the external persecuting agent in a paranoid patient is a formerly loved person or a projection<sup>52</sup> of such a person.<sup>53</sup> There is a breakdown of his ego-functioning. He transforms his love into hate and his subjective feelings into objective convictions. There is no polarization process differentiating characteristics attributed to the self from those attributed to the external agent, as it is observed in the

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<sup>52</sup>The word projection is used here to mean "representation" of the patient.

<sup>53</sup>S. Freud, "A Case of Paranoia Running Counter to the Psychoanalytical Theory of the Disease," in his On Psychotherapy (New York: Basic Books, 1959).

bewitched patient. Even though there seems to be an ego-strength in the bewitched patient, the possibilities that many bewitched may also be suffering from psychosis or psycho-neuroses are great. They have the cultural ego strength which sustains them and which should be used by the psychotherapist in the confrontation of the patient to discover possible emotional and personality disturbances.

Generalized feelings of being controlled and possessed by an outside agent should not be seen only as cultural symbolisms used in the interpretation and diagnosis of illness, personal misfortunes and crises. They should also be understood as dynamic symptoms of social and cultural pathologies. Without speculating on the genesis, the historical process of socialization and culturalization of the different delusions characterizing beliefs in Kindoki, it seems evident that social and personal tensions as well as the cultural interpretations of the universe and human interactions seem to play a significant influence in social and personal delusions. The generalized pathological misuse of Extrasensory Perception is in itself a sign of personal and social paranoia. It seems that whenever delusions become culturally fixed, they tend to create pathological personalities.

Beliefs in Kindoki have become such a fixed complex system of world view and man's definition of himself that they contribute to the distortion of the individual's power to evaluate reality. The thought of being transformed into an animal, as an example, could only be a delusion due to man's fear of his own animal instinct a



collective fear of being attacked. But the cultural interpretation excludes any interpretation other than the reality of an outside agent invading a given individual or community. My father told me recently of an event that happened when he was young:

When our clan started fishing by establishing a big nswa (fishing net) on the Lukunga River at Kalomba, an elder person called Nkangala of the Nsaku matriclan in the neighboring village was very jealous of us. He openly accused us to the colonial government. A few months after the trial, which our clan won, we noticed that most of the fish in our nswa were partly eaten by a crocodile.

Kinakiaku, my younger brother, went to Kalomba at noon time to observe if he could any person who was the author of this act.

While he was hiding, he saw a crocodile, fed with fish, lying on a big rock in the middle of the river. He took his gun and shot at it. The crocodile did not die, and went back into the river. Because of the amount of blood that he noticed on the surface of the river, Kinakiaku was sure that the crocodile had died. He came back to the village and reported what had happened.

In the evening Nkangala died without any previous noticeable illness. Everybody in the entire community said that he died because of his evil spirited attitudes which were harmful to the community.

This death could just be considered coincidental if we have to look at it with a scientific and cartesian rational explanation. But no one could demonstrate affirmatively that Nkangala had no power to influence the crocodile as he said in his own testimony before his death.

Could we say that unconsciously (maybe) Nkangala connected himself with this crocodile which was detrimental to the welfare of my father's clan in so far as he himself was envying Kalomba? He could use it for his clan. And did he hear of the death of the crocodile before he died? My father denied this possibility. If he did hear about the death of the crocodile did it mean to tell him of his

own defeat, his own death? This would fit a Jungian interpretation of the nature of collective unconscious, the uniform reactions of people toward collective symbols.

One can ask the following question: Why was there a time lapse between the death of the crocodile and the man? This is a difficult question and could only say, however, that this seems to point to the fact that an attribute of the universe (a negative one in this case) does also exist separately from man and other objects of nature. When man and nature are destroyed, the attribute that was a source of their vitality is not completely destroyed.<sup>54</sup> Through ritual ceremonies, a harmful spirit that was part of a person, can be put under control. The Bible gives us many evidences. Mark tells us the following story:

As he (Jesus) stepped ashore, a man possessed by an unclean spirit came up to him from among the tombs where he had his dwelling. He could no longer be controlled; even chains were useless. . . . When he saw Jesus in the distance, he ran and flung himself down before him, shouting loudly, 'What do you want with me, Jesus. . . . In God's name do not torment me. . . .' Jesus asked him 'What is your name?' 'My name is Legion,' he said, 'there are so many of us.' And he begged hard that Jesus would not send them out of the country.

Now there happened to be a large herd of pigs feeding on the hills side, and the spirits begged him, 'Send us among the pigs and let us go to them.' He gave them leave; and the unclean spirits came out and went into the pigs; and the herd, of about two thousand, rushed over the edge into the lake and were drowned.<sup>55</sup>

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<sup>54</sup>The Ba-Kongo believe that someone can become a Ndoki by incarnating himself in an animal through ritualistic processes. Thus, the qualities of the animal's life characterize also the Ndoki's and vice-versa. Whenever the animal is sick or dies, the Ndoki also suffers or dies. See A. Fu-Kian, Kindoki ou Solution attendue (Kinshasa: Centre de Developement it de Recherches Scientifiques eu Langues Africaines, n.d.), p. 30.

<sup>55</sup>Mark 5:2-10 (NEB).

Psychologically we can classify this man as an acute delusioned schizophrenic. The voices of unclean spirits are but the expression of his persecution complex. If the story happened the way it is narrated, the invasion of pigs by the spirits, which was facilitated by Jesus, is an example of the possible ontological existence of unseen powers in the universe.

There are reservations in accepting the belief that man has the power to become or to influence an animal, a tree or a stone to do harm to others. But it is possible that anyone who can identify himself with that attribute of the world which is harmful in general to man, and who receives a part of his vital force from it, can influence especially the animal. There is no scientific proof of this assumption. Maybe parapsychology will give us some light on this matter in the future. But again and again stories are told of people who have used dangerous animals such as lions, snakes, hyenas, hyppos, crocodiles, elephants to harm man. We may deny the possibility of this reality because we have become so far removed from nature, which is full of warmth and friendliness. We have become so isolated from ourselves and from nature that we make no efforts toward alliance with nature so that it can become a positive power in our lives.

But it also seems that the threat which is capitalized in the African perception of natural forces upsets the balance between the positive and the negative aspects of human and natural interrelationships. Ideas, fear of the enemy, become such hypnotizing influences that they contribute to lessening the distance between the Self-ego

and the environment, thus creating delusional thinking within the culture.

Every man is mass. Cultural and social delusions as well as distorted perceptions can take possession of the individual's mind. As man's thinking is never completed, the task of Global Therapy is to help society re-evaluate its conceptions of reality. Global Therapy helps the individual in the social setting to look at the cultural remnants in his personality that perpetuate paranoid personality of the culture. It seems that delusional thinking in Kindoki beliefs is already a partial reconstruction of the distorted reality. People resist correcting slight delusions of every day life because the social and cultural symbolisms reinforce these delusions and even force the individuals to accept these delusions as the only norms to interpret reality.

Objectivity toward the universe can only come through a certain degree of inward objectivity. As man seems to be the only mediator between the objective world and the subjective inner experiences, psychotherapy therefore emphasizes the confrontation of the social order of reality in order to challenge it, modify it whenever necessary , so that the individual may gain his capacity to develop diverse possibilities of interpretation of experiences.

Fear of perpetual danger of outside agents encourages the existence of perpetual stress reactions within the individuals. Those individuals with a weak ego also live with a cultural reinforced paranoid expectation of being attacked and experience chronic anxiety

which they report in the drama of their catastrophic dreams. It is true that cultural symbolisms in Kindoki beliefs, the generalized state of social paranoia, helps the individual to face his illness in the social context of cultural symbolisms of illness and with society behind him thus reducing his level of anxiety. But it also prevents the individual from expanding his capacities to question reality.

The task of psychotherapy is to help the bewitched patients to regain the lost unity between trust and mistrust. Objectivity and subjectivity, cultural beliefs and personal capacity to make judgment so that they may discover the abundance of life which cultural constructs tend to deprive them by their own consent. The individual bewitched patients have to be healed in the context of correcting the social pathologies that contribute to their paranoia.

## CHAPTER VI

MULTIDIMENSIONAL PSYCHOTHERAPY:  
AN ANALYTICO-SYNTHETIC APPROACH

## I. THE SELF AND THE OUTER WORLD: INTERACTION FOR SECURITY

Global Psychotherapy begins with the assumption that the patient's awareness and declaration of bewitchment are realities of "search-for-security-behavior-responses" to the threat and frustration of the Self. In his desire to fulfill his basic need for safety (security), the individual is entering into a therapeutic dialogue with the outer world of contacts, beliefs and perceptions. The outer world is made up of the patient's cosmological formulations with personal inner reflections and socio-cultural beliefs.

Global Psychotherapy recognizes, therefore, the interaction between Self and the environment, the impact of cultural beliefs and social contacts. It is on the level of this interaction that Global Psychotherapy looks at the patient's awareness and declaration of bewitchment as a search for security response.

Global Psychotherapy is analytical in diagnosis and psycho-synthetic in treatment. It is derived from the total experience the bewitched patient brings into the therapeutic process. The experience of the bewitched patient is sympathetically listened to by the psychotherapist within the total setting of bewitchment variables.

Global Psychotherapy is analytical in its search for possible

discovery by the patient of variables that might be at the root of the threat and excitement of Self in search for security. It is psychosynthetic in treatment as it attempts to integrate the different bewitchment variables for the restoration of security in the patient.

Global Psychotherapy is psychosynthetic in that it is a phenomenological approach to therapy and it aims at discovering not a reality, but realities, that is the phenomenological worlds of the patient. It discovers the world of his interests, needs and desires as opposed to those imposed by society, either on the imaginary level or on the reality level.

It is psychosynthetic in that it is an ontological approach to therapy. But it also looks at the biological needs of the organism which is also the basis of man's conceptual activity. When the individual says that he has been hearing voices, he is really seeking means by which to satisfy his bodily needs and restore his threatened or lost security for existence. Global Psychotherapy aims at helping the patient in responding to his entire organism, his biological as well as emotional being in a more constructive way.

It is psychosynthetic in that it includes educational principles for the adjustment and change of perceptions and relationships of the patient and his significant relatives.

Global Psychotherapy affirms the reality of the uniqueness of Self and the tension between uniqueness and likeness in human interactions. Man is unique in the sense that he cannot be molded at any time or in any circumstances into another being. Each person is an

enduring individual, a unique self that needs to be discovered. Paradoxically, man is also fully discovered in his relationships with others in the totality of his culture as well as his personality.

This is the most important assumption of Global Psychotherapy concerning man; man is an individual being capable of being aware of himself as a being-in-the-world. He may have attitudes, judgments and values toward himself that seem to contradict the sense of his being, by the ways he sees himself seen by others, but as a human being he is always affirming himself, protecting his self and seeking for recognition. The counselee's perception and evaluation of himself in regard to his abilities, his body, his behavior, his health, his emotions, the world around him, are indications that he is capable of affirming his worth as a person and to seek for his security: not coping with oneself is also a form of negative maintenance of one's being. It is a way of satisfying one's needs in an infantile or neurotic way. Therefore, Global Psychotherapy takes into account the activities and processes of his thinking, his perceptions and his coping or not coping with himself and with his social environment. This is the best source of information the therapist has and it serves as the frame of reference for further discoveries and therapeutic relationships. Thus, the meaning of the self is to be discovered also in the life experiences the bewitched patient brings into the process of healing in which he wants to engage himself.

Global Psychotherapy seeks to integrate the inner and the outer world of experience in the awareness of the bewitched patient,



that experience which may comprise the physio-biological, the ethico-religious, the parapsychic variables in order to open up a continuous dialogue between the self, the perceptual self and the outer world of the patient.

#### A. The Perceptual Self

When we speak of the self, we fall within the province of the person's attitudes and the object toward which the attitude is being directed. The self is therefore usually defined as an abstraction that the individual develops about the attributes, capacities, objects, and activities which he possesses and pursues. The individual represents these abstractions by the symbol "ME", which is a person's idea of himself to himself. This may be a product of his own perceptions or the other people's perceptions of him which he has accepted as being his own. In the course of his life experiences the individual forms the concept of his self.

Directed toward self-referent experiences, the process results in the self; directed toward cultural experiences, it results also in abstractions about the physical and social world. There is no priori abstraction made about the self which exists apart from and preceding personal experiences. There is no material object which exists apart from such experience and which must be uncovered, explored, and developed if the individual is to know himself and utilize his capacities.

The object of observation and appraisal is "The Person" who

differs from the self, while the self consists of the abstractions formed about that object, the person. But it is in this multiform being that man actualizes himself and therefore should be helped by the therapist.

During his early years the child develops a concept that parts of his body, the responses of other to him have a common point of reference. With more experience he arrives at an abstraction of what these attitudes and events have in common. He forms an abstraction through social inter-course, private reactions to himself, mastery in solving tasks, and in dealing with life situations.

The perceptual self is open to change and alteration because it is in the self, that dynamic breath of life within the individual, which tells man to change and to move wherever he can find happiness and wholeness. Perceptual self is not a fixed institution that has been set rigidly by an organization. It is altered, moved around by self, which is the center-Person, the shadow as conceived by the Ba-Kongo.<sup>1</sup> Self can encounter resistance, so in the case of the child who can be restricted to respond as his whole body tells him to because of the threat of his relatives. But the self, acting as a motor producing

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<sup>1</sup>The Ba-Kongo conceive man as being composed of his physical person (muntu-man), his name (nkumbu), and his shadow (kini). Kini is not only that undestructive part of man, his spirited body that can still be seen when Muntu is dead, but is also that inner self which is dynamic and has the ability to transform Muntu and resist against any threat from perceptual self or the outer world.

movement and activity for the organism, is always seeking to be creative. It is the self that leads the individual toward continuous phase of personal re-creation. There are times in the life of the individual when his self is to the point of being nullified, such as in many periods of colonial, racial dominations of one group over the other. There are periods in which he is aware of his own death even when he is alive. The activities of the self are felt diminished, such as in sleep and in moments of ecstasy. But it seems that the self never dies. Consciously man may not be in touch with his self. But his self is directing, provoking change, wondering around another world of consciousness in the form of dreams, hallucinations, exorcism, talking in tongues, visions, etc. The self is therefore the commander-in-chief of the individual. It is the artist, the decision-maker of the organism. It is the dynamic which is in constant contact with the outside environment, it limits its activities and power in order to establish peace within the individual and between him and the other individuals, thus giving a major place to the perceptual self to take over at certain times his commanding role.

Self is also relatively resistant to changes. The individual establishes in himself a sense of personal continuity in space and time, and defends himself against that which diminishes his vital force. The concept of self as an object which is really the concept of perceptual self, is formed out of diverse experiences, including diverse and numerous extensions -- the body, the thoughts, the deeds, and the social environment. The concept of the perceptual self seems

to be multidimensional, with the different dimensions reflecting both the diversity of experiences, attributes, capacities, and the different emphases in the process of abstraction. The multidimensional aspect of the perceptual self is seen in evaluation, acceptance, love, conformity, freedom, thus giving rise to conditions that produce positive or negative self-attitudes. It is on this level of personality that Global Psychotherapy takes place, trying to increase the self in healing the negative perceptual selves of the bewitched patient. Man is a multidimensional being. He cannot be meaningfully helped only by dealing with separate entities of his personality, such as drives, memories, and self images. He must be helped in his total experience by viewing him as a life-totality.

Man has the tendency to compartmentalize himself, especially when he is threatened by external influences. In his capacity to be self-centered and reactive, he forgets to hold on to his self as a total experience. He identifies himself with parts of his experiences and becomes that experience. This identification leads him toward rejecting himself as an integrated self, in his pursuit for personal happiness. Often one who is identifying himself with that part of himself, loses the awareness of himself as a total being. This is why it is important to let the patient discover that the self or the total person is not identical with anything which is part of the human physical body. The self can be nourished or ill-rendered by the experience, but cannot transcend the experience as it lives the experience, but is not the experience itself. Let us take the body as

an example of man's experience. He may have an agonizing existential experience which may drive him toward rejecting the body and deny himself as a person of self-worth. He is destroying his selfhood when he is not affirming his self-worth by only living with the agonizing experience of his own body. Awareness and declaration of bewitchment are indicative of the capacity of the self to seek self-preservation.

This leads us to believe that the self is not identical with the person as body, abilities, intelligence, physical health, moral value-holder, religious-believer. Self is part of the person, inseparable from the person, but distinct from it. The person, with all its potentialities, is but an inseparable comparison of the self. The self is therefore, itself alone, yet does not have an ontological existence apart from the person with his psychic and somatic qualities. The self is, therefore, not identical with the person, his personality and his values. It is connected to the person, but it is also independent from it. Each person has consciousness, that quality of knowing that he is a person. The person is an objective concept as it expresses the consciousness of that which I am in myself. The self, on the other hand, is a subjective concept as it expresses the consciousness of that which I am for myself. The Person is the being with all the masks he wears. The self is that striving principle which makes man go beyond the person-object with all its attributes. The self is not a mystical element that has invaded a human being. It is the experience of the human being to affirm himself and to recognize himself, even neurotically, that he is.

The self is part of the human experience, but it is not the experience. The experience is only an expression by which man makes himself known, loved, accepted. His body, his life-style, his beliefs, his moral values are not the representation of the self; they only give expression to man's being. They are the equipment used by man to affirm himself. The self is that consciousness that man has as a being-in-the-world. The self is being. It is not having the body, the abilities, moral values, material possessions, friendships, but it is just the awareness that makes man reactional and directional, critical, rejecting and accepting. The self is my being, my fulfillment as a distinct being in the world of other beings. Global Psychotherapy takes seriously any awareness expressed in terms of bewitchment as a possible aggressive eruption of the self into the realm of consciousness in order to give direction, energy and power for change to the perceptual self. However bizzare the symbolism of bewitchment may be expressed, it is pointing toward possible dynamic changes for the bewitched patient.

### B. The Self, Social Selves in a Cultural Context

As the notion of the self is usually defined in terms of a concept of personality (attitudes, self-perceptions and behavior), it is notable that there is a cultural background to personality. Thus personality norms differ from one society to another. In a given society, especially a society which is very communal and somewhat closed, people seem to have a long series of common personality traits.

These elements range from simple overt responses to highly generalized configurations of behavior patterns, suggesting that there is a "basic personality" type for a given society.<sup>2</sup> The existence of the configuration of behavior patterns provides the members of the society with common perceptions, understanding and values. It makes possible the creation of unified emotional responses of the society's members to situations in which their common values are involved.

Culture seems to express itself to the individual in terms of the behavior of other people, and his expectations of others, and his contacts with ideas, images and objects used by members of the society. Most of the specific responses by which the individual is evaluated and evaluates himself fall within the limits established by the culture.

But there is a tendency in the life of the individual and the expectations of the society to overemphasize the primacy of the basic personality type over against individual personality, as also uniquely shaped by his self. The members of any given society also show considerable individual variation in personality because each self possesses his own unique potentialities, the inherent worth of being.

Personality is not only the result of perceptual self, the result of socially assigned roles and status which could become not factors of self-fulfillment, but handicaps toward self actualization, but also a result of attitudes which have resulted from the activities of the self in getting the individual individualized, thus creating a

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<sup>2</sup>I borrowed this term from Ralph Linton, Le Fondement Culturel de la Personnalite (Paris: Dumond, 1967).

tension between self and self-perception, between separation and participation, between being and role playing. Awareness of one's role is only achieved when one has the consciousness of what others require of him. His security and self-esteem are bound up to the fulfillment of social images and expectations. The individual may develop some forms of neurotic stress as a response to how others perceive him and how he measures to their expectations. Insecurity and self-evaluation seem to be connected to the ways the individual reacts to other people's opinions. When he immerses himself intellectually into "the other" of which his self is not emotionally willing to become a part, an existential vacuum is created. This self construct, the perceptual self, creates anxiety, alienation and destruction because it ends up in the creation of harmful images and complexes. The self is, as it were, dominated by images, by ill-perceptual views with which the self identifies itself. The individual becomes static; he loses his directional, reactional and adjustive potentialities. The self potentially becomes a destructive perceptual entity. He loses the essence of being. When the self only defines itself in terms of the outside world (suggestions, expectations, fears, defeat, pain, worthlessness, etc.) he loses the meaning of authentic existence. As cultural moral and social constructs, on which is formed the basic personality type, are in the process of change, the individual finds it difficult to make choices. He builds defense mechanisms and blocks his organism and his psyche to respond to the directions of his self. The individual is more and more on his own. Yet, he acts as if the



basic personality type is still as influential as it used to be in the past. As few cultural norms prevail, and new ones are created, there is no tradition that tells him clearly what to do. More and more he is governed by what others tell him to do; he falls prey to a more impersonal and threatening conformism. When he identifies himself solely with "the other", with its weakness, ugliness, discouragement, etc., the individual becomes static and powerless. Assagioli puts it in this way:

We are dominated by everything with which our self becomes identified... In this principle lies the secret of our enslavement... Everytime we identify ourselves with weakness, a fault, or fear or any personal emotion or drive, we limit and paralyze ourselves.<sup>3</sup>

Man paralyzes himself when he strives toward becoming the other person or the other object or principle of thought. The self becomes identical with certain physical realities (pain, fatigue, ugliness) or certain complexes (inferiority, superiority...), creating a person with various harmful images. These images and complexes, unconscious for most of the time, keep the self from living a meaningful self existence.

Global psychotherapy recognizes the self as being different from perceptions and man's equipments. The therapist's role is to tackle the deep-seated causes of the patient's destructive self images which are in the unconscious layer of his personality. Through psychoanalysis, these self-images and complexes will be brought to the

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<sup>3</sup>Roberto Assagioli, Psychosynthesis (New York: Psychosynthesis Research Foundation, 1965), p. 22.

consciousness of the patient. The patient is helped to look at them, disidentifying himself from them, looking at them with criticism and discrimination.

This disidentification should help the patient see the autonomy of the self. He will soon learn that when he is sick, he has an illness, but he is not the illness. When he is discouraged, he learns to know that discouragement is trying to submerge him, but that he is not "discouragement." When he has anger, he is made aware that the impulse of anger is attempting to overpower him, but that he is not "anger." When he has a certain physical disability, he is made aware that his body has a certain deformity, but that his self is not deformed. When he encounters failure, he is made aware that failure is endangering his existence, but that he is not a "failure." When he hears someone tell him that he is not beautiful, he is made aware that beauty is a relative human quality, but he is not beauty. When he feels inferior he is made aware that a certain feeling of inferiority is attempting to overpower him, but that he is not his feeling. When, morally and intellectually, he fails to measure to the social norms and expectations of others he is made aware that he has failed but that he is not the incarnation of failure as he is capable of controlling his impulses and redirecting his energies into constructive manners. He is helped to listen to the inner voices of his self so that he can try to construct his life on the new energies released by his inner capacities, his inner self.

This objective tete-a-tete with oneself can be a great asset

in disidentifying oneself with the perceptual images that contradict the fulfillment of the self. It is also helpful to the individual who is unable to overcome certain physical disabilities, sexual and aggressive drives, when he can learn to direct his energies into other constructive activities which can help him rebuild his personality, that is, gain a balance between the activities of the self and those of perceptual self, tending toward a healthy autonomy of the self, the individual. When the balance is achieved, the individual is no longer sucking the environment for his existence; his perceptual self is in constant dialogue with his self. The awareness of bewitchment provides possibilities of such a dialogue. When he is experiencing powers of bewitchment, his awareness is used in the therapeutic process to listen to the inner voices of himself, to make an inventory of his own acts, his own relationships with other people with whom he has created relationships. This awareness may lead him to a discovery of his own failure, his own moral disintegration, his own religious sick emotions and any broken relationships he may experience with significant persons around him.

The objective tete-a-tete with oneself helps the individual to go beyond himself and to realize that he can project the center of his being into another center of interest.

While it does not represent the most direct way on the highest achievement, it may, despite appearances, constitute for the time being a satisfactory form of indirect self-realization. In the best instances the individual does not really lose himself in the external object, but frees himself in that way from selfish interests and personal limitations; he realizes himself through

the external ideal or being. The latter thus becomes an indirect but true link, a point of connection between the personal man and his higher self, which is reflected and symbolized in that object.<sup>4</sup>

This higher self to which the individual patient identifies himself constructively, helping him in developing a more need and satisfying personality. This ideal self can be creative autosuggestions and positive affirmations, acceptance of one's limitations and striving toward utilizing one's newly recognized potentialities and relationships.

Thus, man is essentially a conscious free being. To treat him as a person is to recognize not only his self-consciousness and the autonomy of this self, but also to accept him regardless of his self-images (perceptual self). He is therefore, a distinct being, capable of becoming.

This is not to suggest that self in relationship to awareness of bewitchment provides an individualistic concept of being. The self only fulfills itself in relationships with other selves. The person becomes mature when he is in relationship. Community is a natural gift which is the medium through which man comes to a self-realization. This community (people, norms, traditions) transforms the individual and contributes to creating in man this self-perception which may be positive or negative to his personality growth. Through community man learns to be responsible or irresponsible. When the worth of the self is denied, and the society (parents, teachers, traditional and

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<sup>4</sup>Ibid., p. 25.

social beliefs, relatives) suppresses the individuality of the self, man tends to become fatalistic in his approach to personal events. He denies his personal responsibilities. He is afraid to take risks and to be himself. He projects his guilt feeling. He sees the other as his enemies when things go wrong, or, he accepts his fate with resignation.

The self is not identical to behavior and we should not identify the individual with his responses. They are learned personality traits. But the society should learn to prepare individuals who are responsible by treating them as individual selves.

On the other hand, there are many people who become prisoners of certain behaviors because they can justify them by accusing others. The counselor should always remind them that the real self consists in introducing inventions and renewal into existence. In the world through which man is traveling he has the ability to endlessly create himself. Man is a being to the degree that he goes beyond the attributes of his personality and the enslaving powers within himself and within the society so that he can really relate to the underlying thrust of the self -- that of being. He has then a sense of responsibility not only to himself, but also to others, respecting them by affirming their self worth as individuals. Man is responsible for the preservation of his self.

It is important to re-emphasize that the self has an existential meaning because it expresses the reality that one is me, a being that is, by opposition and comparison, different from anyone else in the

world around oneself, and even over against one's own personage. It is the reality of knowing one is a worthwhile person that one is able to change, to love and to be responsible. The self that one is constantly becoming and being made in the sense that is desired so that it will not eliminate itself as a human being. The self image is registering in inner feelings and the feelings of others, expressing them for the health of the total person. The self is organizing as it rejects those experiences that are threatening, but also sometimes accepts vaguely those experiences that produce anxieties and emotional illness.

## II. BASIC PRINCIPLES OF GLOBAL THERAPY

In the light of this understanding of self and perceptual self, the following are some principles of Global Therapy:

(1) As true being is self, the therapist listens sympathetically to what the bewitched patient tells of himself. When he talks of others, the therapist listens as those "other" illuminate the feelings and images the client has of himself.

(2) As the bewitched is not only a communal being, but an independent person, when he talks of others, the therapist helps him to see that he is an individual self. The other persons may also be brought into the counseling relationship to sensitize them and create an awareness of the self worth of the bewitched. The therapist confronts the individual in accepting himself. He also confronts the group in accepting the individual not for what he does and has, but

for who he is, so that his self can become a real source of creativity. He also faces the group for educational purposes, as each member of the group also has a great need for change and growth.

(3) As the bewitched carries within himself different complexes and fears that are sometimes unconscious, Global Therapy uses dream analysis, cultural images and role-playing as means of awakening the individual to the roots of his ill perceptions and behavior. This author's experience with dream analysis seems to show that for the African the dream represents a great deal of his hidden world, his personality, his perceptions of the world and of himself, his projections and his past experiences. The unconscious and the past only serve to illuminate the present situation which needs to be changed and for which the patient needs to be confronted.

(4) The experience of the person, his perceptual self, contribute to complete his global situation, thus facilitating the process of global therapy. Understanding the individual from his own view point about what he sees which is agonizing him, in the light of his own unique experience and interpretation, is the most human way of knowing him and helping him. To see sympathetically the person as he sees himself is to open his inner doors toward his own discovery. The counselee's interpretations, however awkward they may be, reveal what he feels and how he perceives himself in relationship to the dead and the living and to himself. The counselor's task is to facilitate the patient to talk about the acts by which he classifies his

life into an image of himself in relationship to his world. By this means the individual can talk to himself, evaluate himself, and size up his objective situation when he talks to his world, evaluates it and reconciles it to himself. This introspection helps the individual to establish a certain distance so that his real self can analyze and evaluate his perceptual self when, at the same time he sees himself in the mirror of his world (traditions, beliefs, relationships, bewitchment). The therapist's role is to help him understand why he feels that way, and discover together another alternative interpretations or other variable factors in the totality of bewitchment that could better fit his experience. Thus, the counselee and the therapist try to find together changes and actions for a better and satisfying living experience.

It may take time to relive past experiences with the counselee in order to explore his inner life, to help him create tensions between his self and his perceptual selves. But this is one way the therapeutic process can create an integrative tension between his self, his perceptual self and the world of relationships. Reliving and reacting the past leads to an examination of his perceptual self and behavior which may have contributed to the inaction of his self. This inventory can only but lead toward therapeutic actions the counselee can take in creating new personal experiences after he confronts himself as the being he has been, and confirms himself, in terms of his real self, with all his potentialities which have been ill-utilized and actualized.



Finally by accepting one's experience and his interpretation of it the therapist can assure him that he is trustworthy. The therapist accepts him as an honest and insightful person until he can prove to him the opposite. His experience and the explanation he gives to it is the only way the therapist can know him, know his world and discover the type of therapy that might bring healing and wholeness.

As Moustakas says:

The meanings that experience have for others are listened to with warmth and objectivity, seeing another's experience through his own personal perceptions. There can be no real love (I would say 'there can be no healing') without a deep perception of the core of the essential nature of the person. To recognize and accept the otherness of a person means to respect him as a valuable being in his own right, in his own autonomy and independence.<sup>5</sup>

Any interpretation of an event conveys not only a historico-traditional experience of a people, but also the perception of the individual about his self world. Thus, accepting as valid a belief which is personalized when used as an interpretation to an event, is a personal experience that needs to be affirmed and placed in its *Sitzim Leben* in order to prepare the road toward a more dynamic therapeutic process, the road which leads toward a balance of activities between self and self-perception.

Bewitchment as awareness that something is wrong is a personal experience. It can be an imaginary experience, a neurotic fear. But it is an experience, a meaningful response of the bewitched patient

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<sup>5</sup>Clark E. Moustakas (ed.), The Self (New York: Harper & Brothers, 1956), p. 282.

that Global Therapy takes seriously. It is impossible for anyone to be concerned about anything which is not a vital part of his own experience. That which concerns the bewitched is to be believed and encountered. The encounter may take place in the realm of reality (the world encountering the individual), or in the realm of imagination (the individual encountering the world through his own projections, fears, phantasies, etc.). Global psychotherapy believes that the realm against which imagination is projected is not itself a projection, it is the realm of experience of self in search for meaning and being. If bewitchment becomes a language of fiction for the bewitched patient, fiction is not devoid of meaning. It is this meaning that the therapist seeks to help the patient discover.

Beliefs in Kindoki are in opposition to fatalism which is prevalent in the African cultures. They are the beginning of ultimate self-awareness in the individual patient, awareness of the inner world and the outer world. He is ready to dive into the sea of his own inner world, his self. He is ready to create the cycle, the rhythmic dialogue and completeness of inner and outer awareness. He is ready to move into the cyclical world of being-in-himself, being-in-the-world and being-with-the world. Global psychotherapy facilitates this movement by affirming the experience of the bewitched as valid and personal, by helping the bewitched to find means by which he intends to create another satisfying experience, assisting him in his own process of re-creation. His re-creation may need members of his family or his clan. Global psychotherapy makes it possible for the bewitched

to enter into palaver with his significant ones for reconciliation, learning and change. The dynamics of the palaver in Global Psychotherapy recognizes the flexibility of the healing process, the dynamics of medication,<sup>6</sup> word, symbol, rites and pressure that only the other significant persons can provide. Palaver as a therapeutic dynamic in Global Therapy eliminates the distance between the therapist, the patient and members of his clan. The therapist becomes one of them, yet different from them because he is a facilitator of integration and he establishes not only an accepting relationship, but also a helping one, a relationship in which he directs the patient toward understanding how to fulfill his needs in a more responsible way. He helps the group and the patient to move into a learning process as broken relationships are restored and misconceptions about life explained and pathological, social and cultural systems modified. Global therapy through the dynamic of palaver becomes a teaching-learning personal and social change therapeutic process. Global therapy uses dreams, phantasies and fears, and the diagnosis of the patient, the interpretations of significant members of the bewitched patient, physical laboratory findings, human social and psychic interactions, not as isolated entities, but integrated components in the treatment and healing of the bewitched patient and the curing the community pathos.

As in inductive therapeutic method, Global Psychotherapy

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<sup>6</sup>In a real crisis, palaver can take place in a hospital or in presence of a consultant medical personnel.

enables the therapist to identify with the bewitched fully enough to understand the depths, the dynamics and variable cause-levels of his suffering, and to facilitate the creative and learning process the bewitched had begun in his being aware that something was wrong with him.

Through the dynamics of dialogue between self and self perceptions, between the bewitched and his significant ones, and through the use of variable in Kindoki beliefs, Global Psychotherapy integrates personal experiences of the bewitched into the process of learning, discovering and healing.

Global Psychotherapy helps the individual to gain enough confidence in connecting himself with the inner resources of self which gave him the capacity to react and reach out to the outer powers (ancestral presence, God's presence) in order not only to search but to live his security.

## APPENDICES

## APPENDIX I.

## WITCHCRAFT AS AN INSECURITY PROBLEM

This is a letter from the Reverend Dr. John S. Mbiti, of Makerere University College. His reminding observation that the bewitched patient's first concern is his security, was extremely helpful. The problem of identity is not in terms of restoring the identity that has been lost, but rather protecting the identity, the selfhood that is under threat. Professor Mbiti's remark clarified the author's understanding of bewitchment as a preservation identity response in human relationships.

22nd November, 1971.

Rev. John Masamba  
990 W. 9th Street, Apt. 13,  
Pomona, California 91766  
U.S.A.

Dear Mr. Masamba,

Thank you very much for your letter of 26 October 1971 asking for my comments on your questions. My knowledge of psychiatry is very limited and while you honour me with your request I do not feel that I can satisfy you.

You feel that the basic question behind witchcraft and magic, is one of identity, especially self-identity. While you might be quite right, I find it difficult to convince myself that this is really the issue. I know that a number of expatriates have advanced the question of "Who am I" to cover the multitude of issues concerning African problems. I have not met one African who consciously is asking that question. At one time in the past I was attracted by the same idea, so I gave it much thought and reached a conclusion that it was not the basic issue. Those who are most troubled by witchcraft are people who don't even concern themselves with that question. Their concern is with security and not identity. Therefore the theological approach to the question must be directed towards removing the cause of fear, insecurity, and uncertainty concerning the psychological spiritual and ethical world in which these people exist; and assuring them of a protection against any forces that may undermine their sense of security.

By some coincidence I received a letter today from an unknown person in Germany who said he had run away from Australia to escape being bewitched by the Black Magic of Roman Catholic priests! Can we say of him that he was asking "Who am I?" Perhaps not, but certainly he is tormented by a feeling of insecurity which might be caused by all sorts of other things and circumstances.

We are studying African Theology here which among other things covers questions such as you are raising. But perhaps our thinking is still too early to provide us with concrete answers. I am sure we need to put our heads together from different disciplines so that we can approach more viable answers. For this reason I shall be very interested to get a copy of your dissertation and to hear how you fare in your final examination for which I wish you every success and God's blessings. Do also please let me know what you will be doing when you return to Africa so that we keep in touch.

Hoping that one day we shall meet. Until then my warm greetings,

Yours sincerely,  
Revd. Prof. John Mbiti  
Professor of Religious Studies  
and Head of Department.

## APPENDIX II

## A MISSIONARY FRIEND WRITES ABOUT BEING BEWITCHED

A friend of mine Father Jan Notenbom of the Redemptorist Order of the Roman Catholic Church, relates the incident in which he felt the power of bewitchment while on a pastoral visit for the first time in a village.

...Sorcery. I have some experience. When I was at Ngombe-Matadi, an old chief lived at Nkazu: Mfumu Nseka; he was exiled in Upper Congo (for following the Kimbangu prophetic movement in in the 1920's)<sup>1</sup> and he practiced black magic. One evening when sleeping in a home owned by our bachelor school teacher, I was awakened abruptly and heard the door opening itself; then heard the sound of matches. I saw the face of the old chief. He came near my bed; greeted me and walked over next to the room where the school teacher was sleeping. I was shaken and I perspired a lot. In the morning many people related the same experience I had that evening. When I look back to the experience, I am convinced that it was not autosuggestion...<sup>2</sup>

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<sup>1</sup>My parantheses.

<sup>2</sup>Personal letter addressed to me from Thysville, dated August 8, 1971 and originally written in French.



## APPENDIX III

## THE PROPHET OF GOD DANIEL MAMPUYA MPESA

Who heals and treats visible and invisible illnesses, chases away bad spirits and guarantees the body against all diabolic attacks.<sup>1</sup>

PRAYER TO CHASE BAD SPIRITS AND DIABOLIC DREAMS<sup>2</sup>

Our Father who dwells in heaven we, men on earth, do give thanks to you, for your love, the love that no man can show to another person, the dead as well as the living, including saints.

We your children, ask that you forgive our wrong-doings (sins) and those of people with evil hearts. We ask you also to be in front of us during the night and during the day to protect us from visible and invisible enemies.

Father, look at the place where bad people hold secret meetings to wish us misfortunes; they may be near us or far from us. We ask that you encounter them so that you can defend our cause, and that their anger against us be lessened because our power is more mighty than anyone else's in the universe. Father, we adore you because you listen to our prayers in our little congregation here at Ngiri-Ngiri. We put our hearts in your hands, from now on to eternity. Amen.

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<sup>1</sup>This inscription is written not only on the membership card that each participant and patient carries, but also on the front walls of the Prophet's clinic.

<sup>2</sup>This prayer is a free translation of the one printed in French on the card. Each member is requested to repeat it every morning before work and every evening before sleep.

## APPENDIX IV

## DREAM SYMBOLISM IN DREAM COMPONENTS

Dreams are frequently connected with illness, misfortunes, divination, prophetic healing and traditional psychotherapeutic practices. One who is interested in the treatment of bewitched patients should be aware of possible exegetical meanings (cultural interpretations) behind each component (dream parts) of the dream. He should help the patient in a personal meaning of each component in the dream. The Gestalt technique of the dreamer becoming the component part of the dream he is dreaming, is very helpful. That technique was used before the author was exposed to the Gestalt Dream Work. In this list only common components of the author's clients are taken and the cultural meaning reflect that commonly given by the Ba-Kongo.

| <u>Component<br/>(Units in dream)</u> | <u>Exegetical meaning<br/>(Cultural interpretation)</u>                               | <u>Phenomenological<br/>meaning (personal,<br/>situational meaning)</u>        |
|---------------------------------------|---|--|
| Bridge                                | Being transported to unknown place. Sign of chance or misfortune.                     | This meaning has to be found as the patient personalizes the cultural meaning. |
| Boa                                   | Prosperity. Boa is thought of medium by which ancestors bring fortunes to the living. |  |
| Black color                           | Death symbol  |  |
| Bird                                  | Messenger. Ability to discover new things. Chance.                                    |  |
| Chameleon                             | Uncertainty. Change of situation.   |  |

| <u>Component<br/>(Units in dream)</u> | <u>Exegetical meaning<br/>(Cultural interpretation)</u>  | <u>Phenomenological<br/>meaning (personal,<br/>situational meaning)</u> |
|---------------------------------------|--|---|
| Corpse                                | Unhappy ancestors. Death   |   |
| Drum                                  | Joy, chance. Also death.   |   |
| Elephant                              | Destruction. Abundance.<br>Victory.  |   |
| House                                 | Prosperity. Fortune.   |   |
| Gun                                   | Killing. Conflict. Death.  |   |
| Moon                                  | Full moon; prosperity, chance<br>Half moon; catastrophe, destruction   |   |
| Meat                                  | Eating power of Ndoki. Symbol of<br>being poisoned, eaten up. Symbol<br>of being made a witch.                                 |   |
| Ocean                                 | Vast world of possibilities<br>(chance) Also symbol of misfortune  |   |
| Star                                  | New significant event. Shooting<br>star; symbol of Ndoki traveling. Symbol<br>of departing soul of a person in the<br>village. |   |
| Sun                                   | Health   |   |
| Rope                                  | Sign of being tied up by Ndoki. Death.   |   |
| Old man, woman                        | Enemy; death. Prosperity if ancestor.  |   |
| Snake                                 | Danger   |   |
| Truck                                 | Death coming to the village  |   |
| Tree                                  | Fruitful year. Good luck.  |   |
| Owl                                   | Death  |   |
| White color                           | Sign of ghost presence. Also used in<br>purification ceremonies to chase bad<br>spirits, protection need against bad spirits.  |   |
| Red color                             | Death, opposition, conflict. Chance<br>of killing an animal.   |   |

## APPENDIX V

## ALADURA THERAPY

This section is taken from a study done by Robert Mitchell on "Witchcraft, Sin, Divine Power and Healing: The Aladura Churches and Attainment of Life's Destiny among the Yoruba", published by the Christian Medical Commission of the World Council of Churches, CMC/66/6. This section is taken from pages 9 to 17.

Robert Mitchell is studying Aladura Therapy as observed in the religious phenomenon of the African Churches among the Yoruba of Nigeria, especially those in Ibadan and Onitsha.

## ALADURA THERAPY

(a) Divination:

The prophet often receives patients in his house, sometimes in the church. The patient waits his turn, then enters and kneels while the prophet prays over him. During this short prayer the prophet receives a sort of "instant vision" or message from God disclosing the complaint the person is bringing (sometimes the person tells it to the prophet before the prayer), the cause of the complaint and the course of treatment which must be followed if the patient is to recover.

This part of the process is similar, of course, to the divinatory practices of the Yoruba babalawa and serves the same function. The "instant vision" is only one type of direct communication and Aladuras clam with God, however. The prophet or members of the church who are recognized as visioners may receive visions during any period of prolonged prayer, particularly during the worship services. Revelation also commonly comes through dreams. Finally, spirit possession, which is especially encouraged during certain services and which is regarded as the work of the Holy Spirit (not, so far as I know, as the work of particular spirits), has as its prime function the communication of messages direct from God. These other forms of revelation commonly predict general and personal calamities such as an epidemic of smallpox which can only be averted through a series of special prayers or rituals. This may be called Aladura preventative medicine.

(b) Diagnosis:

Here the prophets recognize the same range of physical and mental diseases as is understood by the Yoruba general public. They accept all kinds of illnesses for cure with the common exception of broken bones which they recognize can be more satisfactorily cured in the hospital. I have personally interviewed patients who were suffering from stomach trouble, bleeding after a miscarriage, loss of appetite and pains in limbs, "smallpox", madness, barrenness, and successive loss of small children. One prophet told me of a recent patient suffering from severe gonorrhoea whom he says he has cured. Some prophets specialize in treating certain ailments such as madness or barrenness, two of the common complaints which are brought to them.

(c) Interpretation of Cause:

Preternatural factors predominate in the Aladura analysis of causation but certain supernatural factors such as "spiritual doubles", "husbands" or "playmates in heaven" are also recognized. In addition, according to the type of prophet, there is a varying degree of recognition of personal responsibility for disease because of the

individual's sins. There is some recognition of natural causes by the Aladuras such as the Christ Apostolic pastor who said barrenness may be caused by the blood of the couple not agreeing or the Younger Apostolic prophet who blamed smallpox on "much heat and overcrowding" and gonorrhoea on illicit sexual contacts.

Witchcraft is the all purpose preternatural cause of disease according to the prophets. Their conceptualization of witchcraft is broad and diffuse... to them it is the anti-social activities of those who are jealous or annoyed with the patient and who wish him evil. When the Cherubim and Seraphim first began in 1925 there were several cases of severe persecution against people who were identified as witches by overzealous prophets. In Ekiti during the Babalola revival people who were suspected of being witches were forced by public opinion to go to the prophet and drink consecrated water, the belief being that it formed an ordeal which would inevitably prove fatal to an actual witch. Direct activity against witches is now rare or non-existent. The witch causing the illness is not identified by the prophet except in general terms such as, "someone in your or your husband's family is doing this to you" - the patient's imagination is usually able to arrive at likely candidates. Yorubas, of course, most commonly equate witches with elderly, worn out, females. Wives, who may be young, are said to work through their mothers or other witches in causing sickness to their co-wives. Sometimes the cause is attributed to sorcery but this is much less common; I have not yet come across a case attributed to curse.

In the case of children's diseases, particularly the death of successive children born to one mother, the Aladuras identify the child as an abiku or emere. They accept the traditional Yoruba definition of this situation - that the child is possessed by a spirit which is linked to its spirit mates in heaven or, sometimes with a female child, to a spirit husband. The mates or husband call the child back to them and worry it until it agrees. Unless a counter remedy is applied to "tie" the child to earth he will die. The loss of a series of children soon after birth is explained as the same abiku child coming back again and again to the mother's womb. One emere I have interviewed claimed that her grandmother gave birth to her eight times and her mother five times.

It is possible that there may be some degree of recognition of the Yoruba orishas as causes of diseases but I have little evidence of this. One prophet of the Younger Apostolic type, a former Muslim who resembles a traditional healer more than most Aladuras, accepted Sopo as the cause of all diseases particularly mental illness. This same prophet's beliefs were extremely unrationalized, however. According to him witchcraft was also behind all untimely death, but "if there is no sin, there is no sickness."

He is not alone in relating sickness to sin. Yoruba traditional religion, of course, recognized that sins in the form of breeches of taboos or non-observance of ancestor worship could result in misfortune. Aladuras perhaps tend to enlarge the moral dimension of sin which can cause disease by including failure to observe the ten commandments or personal unbelief in God's power as causes of illness.

There is a particularly strong strain in the Christ Apostolic Church of making personal sin the sole cause of all disease. One Christ Apostolic informant, a young man, told about the time when he had a very severe boil on his foot. He called for the pastor to visit him. When the pastor saw the boil he looked at him and exclaimed "What, have you been a member of the Church so long and have this?" He had not been strong enough in his confession of sins.

Other churches tend to see personal sins more as a predispositioning cause which allows the witches to gain control over a person. A Younger Aladura prophet shrewdly observed that people like to rationalize by blaming their sicknesses solely on witches, forgetting that if they did not sin the witches could not get hold of them. In many of the Spiritual and Younger Apostolic churches, however, the prophets hardly mentioned sin at all in discussing their patients with me.

#### (d) Means Used in Treatment

The most conspicuous feature of Aladura treatment, particularly in the early years of the Aladura movement, was its rejection of both traditional and Western means of healing. People who came to a prophet for help were required to give up all their charms and orishas. They were also forbidden to go to medical officers. In the 1920's the Faith Tabernacle members even resisted vaccination and believed eye glasses to be evidence of sin. The Babalola revival, which transformed the Faith Tabernacle into a mass movement, inaugurated the use of holy water for healing in conjunction with prayer. Today the use of holy water is universal, holy oil is widely used and many other less sanctioned practices which may be called "means" are employed by some Aladuras, particularly the Younger ones. There is a continuum of practice concerning means, therefore, from the largely non-means-using Christ Apostolic Church, to some of the Younger Aladuras which in their actual practices are little distinguishable from traditional practitioners. All the means are directed at mobilizing divine power to intervene on behalf of the patient. In the following section we will discuss some specific therapeutic routines.

The most important means used by Aladuras is prayer. Aladura prayer is characteristically loud, vigorous, declamatory and repetitive. The prophet accompanies his words with vigorous body motions and the patient utters his verbal responses with equal strength. The prayer is aimed at channeling God's power towards the requests being made by

the people praying. It also functions to scare away the evil spirits which are affecting the patient. Prayer is at once a communication with God and a struggle against Satan.

Some Christ Apostolics consider confession to be the crucial part of the prayer for healing since, as noted above, they interpret the presence of sickness as evidence of sin. The patient must confess all his sins, verbally but usually privately. Once having done this healing should follow without delay. The young man cited above made a "good" confession following which his "heart was released." The evangelist then washed his leg daily for two weeks and it was completely healed. What of young children who are too young to confess? Their sicknesses are thought to be the product of their parents' sins. One Christ Apostolic pastor told me about a very serious illness which affected one of his young children. He and his wife prayed together confessing all the sins they could think of but to no avail. The child worsened. Then he remembered one more sin that he had forgotten. Immediately he confessed it, he said, and the child improved and eventually recovered.

The Spiritual Aladuras and Younger Apostolics increase the efficacy of their prayers by the use of "holy words" or "names" such as "Jan Jehovah", "Urial" (an angel) or "Lieawowmisomtatiehi." These words, when used in the proper context (which is part of the prophet's training) are believed to have an efficacy all their own. Their use is most common when the prophet is dealing directly with a person under the influence of or possessed by an evil spirit, in the manner of exorcism. After an afternoon service, recently, four young men were requested to pray for a woman whose child was sick and a man who was unemployed. They stood in a circle, hands linked, with the patient in the centre praying and shouting holy words. In a "watch-night" service (usually a service held on Saturday nights beginning at 12 midnight at which possession is achieved) a young man became possessed but could not speak the usual message from God. This was attributed to his having been possessed by an evil spirit. The members in trying (unsuccessfully in this instance) to combat the spirit used all manner of holy words.

There are other factors which are believed to increase the power made available by prayer. The sincerity of the one who prays as shown by his emotion (often during confession in the Christ Apostolic Church tears will run down peoples faces), his fervency and his steadfastness (it is common for people to pray all night when faced with a very difficult situation) is important. The efficacy of prayers are believed especially to be associated with the holiness of the person praying for them. This is why the prophet's prayers are important - he as a professional should maintain a high degree of holiness. Holiness as the Aladuras conceive it is not so much a moral and spiritual purity as a ritual purity. This is attained particularly by



confession and fasting but also by refraining from sexual intercourse, cigarettes, hand washing before prayers, etc. Geography can also assist the power of prayer. There are a number of hills around and in Ibadan which are known as "holy mounts." Prophets and laity will go to these places and fast and pray for particularly serious cases.

The Yorubas, like the ancient Hebrews, believe that words may have an inherent power of their own - a curse, once uttered, cannot be retracted. The universal use of holy water by Aladuras of every type can be seen as a means of symbolizing and extending the power of the prophet's prayer. Water, of course, was widely used in Yoruba traditional religion. Oshun worshippers, for instance, take water from the Oshun shrine to drink when they want children. Water is also an important biblical symbol - "I am the water" (Isaiah 55:1-4; I John 5:8). When the patient brings water to the prophet he prays at it, charging it with divine power. During the weekday services when people bring bottles of water to the church they remove the caps from the bottles just before the close of the service as not to hinder the transfer of power when the prophet prays at the water.

According to his vision about the patient, the prophet will prescribe times to use the water by drinking it and by washing with it. If the ailment is located in a particular part of the patient's body the patient may be advised to bathe regularly that part with holy water. Otherwise, the water, like the prayers, serves to dramatise the healing efforts of the prophet.

Holy oil is employed by many Aladuras. After it is blessed it may, as directed by vision, be rubbed on the person's body and/or taken internally. Aladuras are quite conscious of its physically purgative powers and employ it for this purpose. Purgation is seen as generally good, in common with popular sentiment, and prophets have used oil in treating gonorrhoea, and barrenness as well as general sicknesses which might be attributed to worms.

Change of environment is another Aladura technique. Many of the Aladura churches have "Faith Homes" where patients may live sometimes for periods of several years, while undergoing treatment. A Book of Rituals compiled by an Apostle of the Church of the Lord succinctly describes the purpose of a Faith Home:

... it is a place of protection, refuge and hiding from the wicked and bloody people of the world - witches and wizards - and an important place of spiritual revival which is the divine power of God and also bodily and spiritual healing.

Since most witchcraft is regarded as being initiated by members of the patients own household (most commonly by co-wives) the therapeutic advantages of removal from that environment are obvious. The patients in the Faith Home are given a room and prepare their own food. If they

are women their husbands may visit them as often as they wish. Living in the Faith Home allows the patients to participate fully in the daily round of prayers in the church and to have the prophet's ministrations available in case of emergency.

Finally, there is an array of auxiliary practices which are used in conjunction with prayer and holy water, especially by the Younger Aladuras. They are condemned as magical by some of the other Aladuras. Their common characteristic is that the correct performance of them is regarded as automatically giving the performer power over spirits. Many of these practices are derived from the Christopagan magical tradition of the West as found in such works as the Sixth and Seventh Books of Moses. The use of holy names belongs in this tradition as does the very common use of psalms. Cabalistic symbols may be drawn on the floor with chalk in a circle in the centre of which the prophet or patient prays. Candles are especially popular with the Spirituals. Some of them merely use them in a non-specific way while others employ an elaborate usage of many different coloured candles as prescribed by vision for the case being worked on. Shading off into traditional practices is the Younger Apostolic prophet who saw nothing wrong in making charms encasing appropriate scripture verses, the Younger Apostolic prophetess who claimed reliance on prayer and water alone but whose ex-patient described a treatment for abiku which was directly in keeping with the practices of babalawos and the Older Spiritual Prophetess who directly negotiated with the witches troubling one of her patients as the Yoruba onisaguns (herbalists) they do claim that.

#### (e) Processes of Treatment

In this section Aladura methods of healing will be illustrated from my interviews with prophets and their patients. Unfortunately, I have not yet had the opportunity to investigate the Aladura treatment of mental illness. Some of the cases below involve mental symptoms, however, and provide some idea of the way Aladura therapy can and does relieve mental symptoms.

##### Case 1 Gonorrhoea (Interview with a Younger Apostolic Prophet)

Our first case when we came here (to found a church) was a man who had contracted gonorrhoea. This disease worsened so that he lost all hope of existence. He came to us and we prayed for him, gave him holy water to drink and to bathe and gave him holy water to drink to purge out the impurities in his stomach. When this disease was troubling him, he felt very weak and he could not wear trousers. He had been suffering from this disease for about four months or more. He confessed his sins and repented and God heard our prayers for him and made him well again. He was an Anglican before. He lives very near our church and is now a member of our church.

Another prophet said that since this disease is the result of immorality he refuses to treat it and sends such cases to the hospital.

Case 2 Sick Woman (Interview with patient who is being treated by an Older Spiritual prophetess.)

The woman said that she had been sick for sometime but it only became serious three weeks ago. She had fever and felt as if a fire were burning in her head. She felt cold when the sun was burning hot. Her mother brought her to the prophetess. She was unconscious at the time. The prophetess lit candles and prayed for her and she is now convalescing at the Faith Home. When asked if she had gone to anyone for treatment before being brought to the prophetess she said not. In response to a question about causation she said that her second husband's mother is a witch and does not like her.

This woman is an Anglican and the present husband is a Muslim. The husband's mother has apparently alienated his affection for this wife because the man has not visited her since her coming to the Faith Home.

Case 3 Complications following miscarriage (Interview with patient of the prophet who treated Case 1.)

"I had this trouble of miscarriage in November 1965. I went to a chemist who recommended a tonic which I bought at 14/6. This tonic did just a little help. Then I went to Adeoyo Hospital where I was given some tablets whose work I did not see. I then decided to go to University College Hospital. (Here she related a dream she had before going.) I went, got a 5/- ticket and saw a doctor. The doctor tested me and he said he did not see anything wrong with me at all. I therefore came back home. After this I had another dream. A bouncing male child was given me. I believed only God can cure me. Any earthly doctor cannot cure me! It is the work of Jesus Christ, the greatest of all doctors. I came to this church through somebody who had been healed here before. I have been here now for two months. When I got here I was bleeding and I had some other minor complaints. It was not up to a month before I regained my health.

The prophet described his treatment of her as involving simply prayer and the drinking of holy water.

Much of the Aladura clientele for healing are women. The reasons for this are several. Difficulties in conceiving children are principally attributed to the woman's barrenness rather than the man's infertility in this culture. Barrenness is a complex and frustrating complaint which produces a high degree of anxiety. Women are prone to try any promising remedy for it, particularly one which offers

protection against the jealous witches who are blocking her womb. Pregnancy is another anxiety producing situation which drives women to the Aladuras. Some churches have women who regularly help their members deliver their babies. Prophets often boast of the mothers who were unable to give birth after so and so many hours who they helped to finally deliver through strong prayers. Once delivered, moreover, the illnesses of the children are the mothers' responsibility. Abiku or amere children are thought to be a supernatural phenomenon which hospitals are helpless to cope with. Aladuras on the other hand, are regarded as specialists in this problem. Finally, women are generally less educated and less involved in the more modern segments of life than are men. They might be more prone, therefore, to find the Aladura interpretation of sickness more congenial to their personal world view than do men. When very educated people (Class IV and above) have recourse to Aladura prophets it is usually not for healing but for help with such difficulties as receiving a promotion or winning a court case.

Case 4 An Abiku Child (Interview with patient at a Younger Apostolic church.)

"I began to notice that my child is an emere a year ago when when she would play throughout the day and develop illness in the night. Her temperature grew high and she was weak. She turns her eye balls in such a way that makes one's blood curdle and one's heart beat for fear that she would die. I tried University College Hospital and Adeoyo Hospital whenever she has this illness. She was admitted to the hospitals at different times and yet the illness was not cured. One thing I noticed was that in the day time when she played, she would always say, "I am going hom", "I am going to my husband" etc. Whenever she would say these words in the afternoon she would be sick in the night. She had been keeping me awake for several days until somebody told me she was an emere and that I should try Prophetess X at Gbalskals."

The treatment in this case involved the woman buying a writing pad, putting a clear sheet from it under her pillow and bringing the sheet the next day to X. X had her put the paper in a bowl of water after which X claimed she saw a message on it from the child's mates in heaven which read: "Now I know you are enjoying your earthly mother and you do not want to come back to me. If you know you are not coming back to me, please return my money totalling L5 10s." Prophetess X said that she should pay the money and X would take it to a crossroad at 1:00 a.m. to pay it back to the spirit husband. X said that the woman or her husband could accompany her on this mission if they wished, but they should guard themselves well so that the evil spirits would not have power over them. The woman declined the offer, but delivered the money to X. Her baby grew well for a time. Prophetess X would not admit to me that she followed such a procedure because it is regarded as pagan by most Aladuras. There are other ways by which Aladuras treat

abiku. A Christ Apostolic pastor said that if a woman comes to him with an abiku problem he preaches Christ to her and prays for her. A Younger Apostolic prophet said that he asks the woman to bring the child to church for prayer or, if the woman is pregnant, he will ask her to live in the Faith Home where she will be prayed for constantly. Another method was given me by an Older Spiritual prophetess. She said she can "tie" an emere down to earth by using Psalms 70 and 91, burning some candles and praying.

From the cases above it can be seen that before going to an Aladura prophet for the first time patients often try traditional or Western type healers. The apparent failure of these agencies drives them to search for other alternatives. A friend or relative may recommend a prophet whom he has heard about or who has helped him at some time. The prophet is then consulted and if results are forthcoming the next time the patient falls ill he may go to the prophet first.

## APPENDIX VI

THE SISTER BUCK MEMORIAL HOSPITAL:  
PROJECT IN SPIRITUAL HEALING

This experiment, being conducted in Chikore, Rhodesia, is reported by Dr. Franklin Donaldson. I came in contact with the experiment through Dr. J. H. Hellberg, Associate Director of the Christian Medical Commission of the World Council of Churches and through Dr. James C. McGilvray, Director of the same commission from whom the following text was obtained.

## THE GENERAL RESULTS OF THE STUDY

The following are some of the salient results of this study as they have been observed by the author, and his interpretation. In the following report no claim whatsoever is made to completeness or even full representativeness.

Rev. Mundeta's work has had a generally favorable affect upon the hospital situation. The most pronounced effect has seemed a reduction in the patient's fearfulness of the hospital. A hospital is a place where persons are seriously ill; this means to the Mundau that it is a place not unknown to evil spirits, and many patients for such reasons go to the hospital with the most extreme reluctance. Somewhat to the surprise of many they find the actual hospital situation not frightening. On the whole, the staff has worked harmoniously, have been pleasant to the patients and enjoyed them. Children romp and play. If there were QUIET and NO NOISE signs the patients would be utterly bewildered. It is not at all unusual when I go up to the hospital late at night after the evening services to hear the patients continuing to sing hymns together long into the night, and on a cold, rainy day when they cannot go out of doors, huddled in their blankets they will sing hymns together indoors. In the early evening, at the end of the day's work as the hospital secretary and the African sister-in-charge finish off the day's records and as I work in a separate room by myself, I not infrequently hear them singing a hymn together in unison. Although such a spirit was not unknown before Rev. Mundeta assumed his work, it has been much more marked in the last year and a half since he came.

Such a spirit has helped the staff to do its work and, it is hoped, has helped them to render more proficient services. The general impression of Rev. Mundeta's effect upon the hospital situation has been that it has been one more conducive to healing.

The results of individual cases are not always easy to summarize. A certain number of case histories with interpretations are included with this report. However, certain salient impressions, such as the above-mentioned general reduction of fears, have particularly seemed to stand out in our observing individual cases.

By far the most outstanding impression in my own experience has been that healing - getting well - is one experience, a unity. When we subdivide it into the giving of medicines and the healing of the soul, if we look upon these as discrete or disparate categories, we separate what in reality is but one phenomenon. In this view, becoming well after an illness is more a matter of degree than of kind, really a measure of return to health. A person ill with pneumonia is usually ill. Treat his pneumonia with antibiotics and he is improved. Give

his troubled spirit an opportunity to attain better faith and equanimity and he is better yet. There appears to be a principle of increase in getting well, and Western medications with spiritual counsel seem to work compoundingly together, more than simply additively.

One patient came to the hospital with chronic malaria, anemia, hookworm, labile hypertension and frankly psychotic manifestations. She felt unspeakably afraid and weak. One of the numerous symptoms she gave was of water dripping down from one level to another inside her. While we at the hospital worked on her malaria, anemia and hookworm, Rev. Mundeta worked on her fears. Gradually these subsided, her blood pressure returned to more normal levels, her strength increased and her psychotic symptoms disappeared. She went home a woman of much greater faith than when she had come. It would be incorrect to say that this woman had become completely transformed. She remains today still highly prone to fears. But she did become much better, improving from a state of serious illness to one of normal balance, and to separate the help received from Western medications from that received from relieving her spiritual distress would appear to us quite impossible.

In a culture where almost every event, animate and inanimate, tends to be interpreted in personal and animistic terms the realm of the occult looms potentially very large, and at times the fear of the occult can become overwhelming. These fears can be harbored by the person for years, producing any variety of symptoms, or can precipitate an episode of hysteria. In either situation sedatives and tranquilizers can alleviate the intensity of the anxiety, but the only solution ultimately lies within the psychological and spiritual realm. In such cases, which are not at all uncommon, Rev. Mundeta finds that patient listening, assurance, prayer and faith that the Holy Spirit is more powerful than any evil spirit can have quite effective permanent therapeutic effect.

One patient was admitted to the hospital with acute fevers and marked anxiety. She was found to have malaria, and treatments for this were begun. At the same time, Rev. Mundeta visited her on the ward and, finding she was in a state of fear, invited her to the gome. Six years previously she had seen two snakes in association. They were of unusual species for this area and were probably copulating. Such a sight is taken as a very ill omen, and for six years this woman had lived with severe anxieties as to the portent. The witch doctors had not been able to allay these fears completely. After a long period of talking and prayers with Rev. Mundeta the woman was able to smile again. The next morning she was better, and the next day she was discharged, well again in all respects.

Another patient came to the hospital in a state of pure acute fear. Two of her neighbors, her best friends, had fallen into a



quarrel several days previously. One of these, going subsequently to her home, found a little girl standing at the head of her bed. This is taken as a very ill omen, for a person's bedroom is considered a very private place, and a stranger coming in is suspected of bringing witchcraft. In this case the girl was the daughter of the other woman in the argument, which made matters worse. The friend was shocked and died the following day. The patient, her heart beating with fear that she too would die, came to the hospital the next day. Her only symptoms were those of fear. She was mildly sedated and Rev. Mundeta talked and prayed with her, telling her of the love of Jesus. Over a period of days her fears lessened and the various pains in her body correspondingly lessened. At last she was settled in mind and spirit and was discharged.

A very definite area of healing lies in reconciliation with others. This is particularly evident in a cultural setting such as this where an offended person is felt to be capable of retaliation through witchcraft. But witchcraft need not be involved. Any reconciliation seems to favor healing, be it with neighbor, parent, the deceased, with God or oneself. Illness can arise if one had not taken proper care of a parent, or had broken rules of marital fidelity or chastity, or refused to be generous out of one's abundance toward a supplicant neighbor in need. Greediness is especially felt to incline a person toward illness, and it is a traditional belief that the richer and more wealthy Africans are more liable to attack by witchcraft or sorcery, particularly if the wealthy person is not kind and generous toward others.

One girl came to the hospital complaining of headaches. Every night she dreamed that she was being attacked and beaten by people. Rev. Mundeta explained the power of God to overcome evil, and while she was in the hospital she was no longer beset by nightmares of being beaten each night. It was subsequently established that she was pregnant though single, but had been unable to admit this to her parents. This probably was the origin of her dreams of punishment. Rev. Mundeta was able to work out a reconciliation of the girl with her family.

The most effective instance of reconciliation encountered by prayer and Christian concern actually antedated this study and helped pave the way for it. It is included here as an instance of the larger healing power of the Holy Spirit.

A church member who was a builder and an owner of buses had become a chronic alcoholic. His business and family relationships were seriously deteriorating. As pastor of the Mount Silinda Church Rev. Mundeta with certain church members visited this friend for prayers and private talks. One day this man came to Rev. Mundeta to tell him of a dream he had had, that together they had been

rolling heavy water-filled drums away from a path. This was taken to mean that he wanted to join in doing God's work. Prayers were continued and the member began more and more to repent of his dissipated way of life. One day he stopped drinking altogether. Later he joined the men's Volunteers, a lay church group. Yet later he asked to join the ministry. Many hesitated to support this because of his recent background, but he was a changed man and his request was finally accepted. He is now in pastoral training and the acknowledged leader of his class.

By far the most dramatic among the most common problems, and the most difficult for the Westerner to understand are those illnesses relating to possession by an evil spirit. As the months passed, Rev. Mundeta was able to explain more and more openly to me how evil spirits are exorcised and dealt with. The following thoughts attempt to explain this healing process in terms close to Rev. Mundeta's own:

To remove an evil spirit from a person is not an easy thing, nor is it easy to explain or even to understand. It remains to me a thing of wonderment to find these things happening.

What I do, first, is to surrender from myself all worldly things which are hindrances to God's will. Then I try to concentrate on understanding God's will, avoiding all thoughts except listening to the Lord. This is for my own preparation.

Then I talk to the patient and ask him how the trouble started and how he seeks for the Lord to help him. When he has fully answered these questions then I ask him to give himself wholeheartedly to the Lord, for it is his belief which will make him well. Then I begin to read some scripture verses from the Bible, singing and praying while laying on hands on the person. If the patient is a woman my wife and I sing and pray together. From this approach, if the person is possessed he will begin to shiver and to show a sad face. If it wants to speak out, the spirit shouts out in the language of itself, speaking through the patient who is possessed. I ask the spirit in the name of our Lord Jesus Christ to go away from this person. If the spirit requires anything before going, it will say so. Usually they ask for their old clothes which they wore in life to be found and burned, or for money to be thrown away sacrificially. Sometimes the evil spirit goes away without question. The patient feels relieved, tired, but he can smile again. Mostly he feels better in his heart.

Where do these evil spirits come from?

They come from outside. They may have been sent by another person. This may be done for some particular reason or can occur without any apparent reason. In order to make the spirit come out it is helpful to inquire into the events preceding the possession.

This often helps to discern the trouble. Sometimes, however, evil spirits wandering about may just enter a person. It may want something done, as the burning of its clothes, and chooses the person to get this done. Almost always the spirit will say what it wants. Most spirits come from the nearby regions, speaking neighboring dialects, but some can come from great distances, and sometimes the language cannot be understood. This is unusual, however, for usually spirits linger near their accustomed home.

How does a person know when he has an evil spirit in him?

He feels troubled, mostly, in his heart. His heart is heavy. He feels pains in his chest, or in the abdomen, or anywhere, but mostly in the region of the stomach and the heart. He may feel weak, irritable, angry or perplexed. He does not feel like himself.

Are some spirits harder than others to bring out?

Yes, some are easy and some are very powerful. Sometimes with the very powerful ones my wife and I are not enough. We ask the assistance of Rev. Mwadira and Evangelist Rufasha. Sometimes the very powerful spirits are even feared by the practitioner, lest the spirit give him trouble after coming out. This will not happen if it is brought out by several people working together in a group.

Do the evil spirits not trouble you?

No, since I have become a Christian they do not touch me. It is as Jesus said. The power of evil has no authority over me if I am in Christ. If I leave the things of this world behind me these spirits do not touch me.

Do the evil spirits seem to attack any age group more than others?

Yes, mostly those about 35 years of age or over.

Besides that of possessing a person and making him ill, do these spirits have any other powers?

Yes, they have the ability to interpret the past and to predict the future. They are not always perfectly reliable in this, but they are more reliable than the casting of bones by the witch doctor. Although these are evil spirits their powers are limited. Singing and prayer not only help to overcome them but to drive them away once they have come out.

The process of exorcism appears to exact a heavy price upon the conscientious practitioner, however benevolent the result.

Episodes dealing with very difficult and powerful spirits can leave Rev. Mundeta almost exhausted.

It is quite true that people vary in their susceptibility to possession by evil spirits. Some are highly immune, while others tend to be quite prone.

A simple illustration of a case of possession by an evil spirit was that of a patient who became sick at a beer drink. This took place at her home, and many people thought she had been beaten by a spook, a type of evil spirit. They took her to the witch doctor who thought he knew the type of medicine to cure her but was unable to do so. She was brought to the hospital. "When I saw her on the wards", Rev. Mundeta explained, "I could tell from her face she was troubled and I called her to come to the gome. There I discovered that she was full of fear, for most people beaten by spooks die. She was complaining of pains over the entire body. I talked to her of God's power which is above that of the witch doctor who was un able to remove the evil spirit, and I held a prayer with her and sent her back to the ward. The next day she was better and I prayed with her again. The next day she was well and went home. The evil spirit had gone and she no longer had any fears." This woman was treated for malaria, but it is hard to avoid the impression that the relief of her fears through prayer were also part of her recovery.

Another case was that of a woman who came to the hospital for weakness and many assorted complaints. Besides her illness she had two extra problems: she had been neglected by her husband and sent back to her parents, and she was possessed by an evil spirit. Rev. Mundeta prayed for the spirit to come out and it did. Later they prayed that the husband's love might be restored to this woman, and two days later the husband came to take his wife back again after these many months of separation. The husband had sent his wife away, he said, because of the evil spirit which they had tried to get rid of through many witch doctors, but had failed. "I have talked to them about the power of our Lord and His love which drives away evil spirits", Rev. Mundeta said. "During this time the wife made up her mind to become a Christian. She was most pleased to find that the spirit which had been troubling her for some years was gone and to see in her husband a change of character toward her." The husband promised to take care of her, and not to neglect her, and Rev. Mundeta gave her a letter to her nearest minister.

#### THE PROBLEM OF CROSS-CULTURAL INTERPRETATION

The problem of interpretation lies heavily upon the Western mentality attempting to understand such events related broadly to

spiritual healing. Perhaps the very first step is the hardest, to accept these happenings at face value for what they seem to be, not as hallucinations or madness. Unless this can be done at least on a provitional basis it is hard to see how any further understanding is possible.

A second step is perhaps not unrelated, namely that of attempting to compensate for a heavy contemporary materialistic bias in any Western interpretation. Surely it would be the utmost arrogance and folly to assume that Western civilization today, in spite of all of its marvelous achievements, holds any final answers. If it did, man would not find it so difficult to find any spiritual harborage within it. In its own way Western culture is in more flux and disruption today than the traditional cultural context of this study. It is not difficult to appreciate the essentially conservative cultural role of traditional spirit belief. Respect for the elders, adherence to custom and ritual, the fear of being bewitched in return for evil done to another tend to provide a context which is stable, coherent, and basically moral. All of life experience is seen in broadly personal and animistic terms. The failure in this to appreciate the existence of an impersonal sector of the universe results in impersonal misfortunes - from famine, drought, flood or lightning - being attributed to spirits or individuals. Thus impersonal misfortune becomes magnified into what is seen as a larger, almost infinitely perplexing realm of interpersonal evil. To a society basically friendly and trusting thus come to be added elements of unfortunate, even seemingly whimsical distrust. The tendency to see every event in life personalistically also readily predisposes to a universal interpretation of events, particularly the occult and unexplainable, in terms of the machinations of spirits.

We of the Occident like to think of ourselves first and foremost as individuals. This indeed we are, and in this lies our particular strength. But in another sense, particularly when we look at ourselves psychologically, we are each an entire host of persons. We are each of us part of every person we have encountered in life, and most particularly those who have most contributed to our lives. Were we moved to a desert island these other persons, as we have experienced life with them, would continue to be just as much a part of our personalities.

The appreciation of this fact would appear to be able to help bridge a fair portion of the gap between the ancient traditional and the modern Western as seen in this study. We are each of us, in a sense, the spirits of many persons, and the ancient traditional appears to have tended to personify this fact. In the traditional setting it was not where these inner spiritual essences concurred that cognizance was likely to arise but perhaps more where there was a clash, inclining to distress and illness.

The problem of evil spirits could possibly be explained, partially at least, in such terms and also possibly as obsessive and compulsive phenomena interpreted in animistic terms. Certainly the manner in which evil spirits comes out of a person is in an entirely culturally anticipated way. The use of evil spirits to explain events would also seem an attempt to cope with the problem of evil within a traditionally animistic frame of reference.

As powerful as the concepts of modern medical psychology are, however, and as relatively unsophisticated the concepts of the traditional culture of this study would seem, it would probably be wise to consider neither totally inclusive or final. Indeed, in many ways their separate strengths and weaknesses would appear complementary.

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